If more blanks are meded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis V D.	1915	Attock of epilepsy	1 week ogo
Chronie interstitial nephritis	1921	Run over by street ear	1 week ogo
Cerebrol hemorrhoge	July 5, 1927	Peritonitis	3 doys ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor
			XI SAIS

V. S. No. 1

B.K

	00002
PLACE OF DEATH	STATE OF MARYLAND ,
County Ollegany	CERTIFICATE OF DEATH
P 1 .T	Registration Dist. No.
Village or City Torralowy (No	St.: Ward) (If death occurred in
11 1 . 11.11	St.: Ward) a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lewall of the word) 4 COLOR OR RACE SINGLE, MARRIED. MARRIED. WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
Date of Birth Live. 30 th, 1859	I HERBY CERTIFY, That I attended the deceased from 1982, to 1982, 1982, that I last saw h M alive on Sau. 30th, 1922,
(Month) (Day) (Year)	126-A
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at ///////////////////////////////////
yrsds. ormin.?	aute Binichitis
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) House	(Durstion) yrs, mos 6 ds.
9 BIRTHPLACE (State or country) maryland	Contributory Secondary (Durstion) yrs mos 12 ds.
10 NAME OF Daniel Yost	(Signed) M. M. D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sara Carter	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place In the of death yrs mos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Sava aspect	Former or usual residence.
(Address) Lonaining hid	Oak Hill Date of BURIAL OR REMOVAL DATE OF BURIAL
15 Filed My. 3/ 1932 2, Done Floren	Mi Carlelion Someoningu
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been chapged to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on not gainfully em-

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1932

8.--

BINDING

FOR

MARGIN RESERVED

PLACE OF DEATH	STATE OF MARYLAND
County allyman	CERTIFICATE OF DEATH
	Registration Dist. No. 12
Village or City haddsud (No	St.: Ward) (If death occurred in
	Barclay ward a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 25-7, 1922 (Month) (Day) (Year)
S DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Assalive on Jan. 24th, 1932,
7 AGE 2 yrs. 4 mos. 17 ds. or min.?	and that death occurred on the date stated above, at 10.50 M m, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Browles Menance with Rufyling
(State or country)	Secondary (Durstion)yrsmos. 27 _ds.
10 NAME OF Robert Barelay	(Signed) M. M. Concest M. D. M. D. (Address) milland. ml
11 BIRTHPLACE OF FATHER (State or country) Muyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wildred Wills	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Muyland	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) John hulle	Former or usual residence
(Address) midland manyland	Belyester Jan. 27, 1932
Filed Jan 26 1932 R. Stuken. Registrar	m. Pichou Longuny he
If more branks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupationor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory valvular heart Always qualify all not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1	0, 1	MARGIN RESERVED FOR BINDING	D FOR BINDING	M
N. B.	-WRITE PLAINLY,	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	IS IS A PERMANENT RI	ECORD. Every item of infor-
-	mation should be care	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	e stated EXACTLY.	PHYSICIANS should state
(CAUSE OF DEATH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	e properly classified. Ex	act statement of OCCUPA-
T	TION is very importa	TION is very important. See instructions on back of certificate.	f certificate.	

County	Alle	gany,		Registration Dist. No.			
Village or (CityC1	or town where	and, Md.	WITHIN O	No. MEMORIAL HOSPITAL death occurred in a hospital or institution, give its NAME instead of street and number) 8 ds. How long in U.S. if of foreign birth? yrs. mos.		
2. FULL NA	ME	Mrs. I	Bertha B	arnard.			
			Usual place o		St., Ward. If nonresident give city or town and State		
PERSON	NAL AND	STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
. sex Female		OR RACE		ried, WIDOWED, (write the word) ried	21. DATE OF DEATH January 21 , 193 2 (Month) (Oay) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Barnard,					22. PHEREBY CERTIFY, The I attended deceased from		
. DATE OF BIRTH	(month, day,	and year) Se	eptember	13. 190			
	ars	Months	Days	If LESS than 1 day,hrs. ormin.	o have occurred on the data stated above, at		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSewife,					n j		
t 1 9. Industry or	business in	which			Lolland La My atin		
SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month end spant in this				ne (years) t in this	fre total resigned when		
2. BIRTHPLACE (c		3.0		pation	Other Contributory Causes of importance:		
(State or cou	untry)	Maryla					
13. NAME John Boyce,					all distance		
14. BIRTHPLACE (city or town) (State or country) West Virginia.					Nama of operation. Oate of Oate of Was there an autopsy?		
15. MAIOEN NA	AME M	ay True			23. If death wes due to external causes (VIOLENCE) fill in also the following:		
15. MAIOEN NAME May True, 16. BIRTHPLACE (city or town)					Accident, suicide, or homicide? Date of Injury, 19		
(State or country) West Virginia,					Where did injury occur?(Specify city or town, county and State)		
7. INFORMANT (Address)	Mem	orial J berland	Hospital	y	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.		
8. BURIAL, CREMA	TION OR RE	/ // -	y Date Jan	24,32	Manner of injury		
19. UNDERTAKER Q. J. Shalpless					24. Was disease or injury in any way related to occupation of deceased?		
O. FILEO DA	1 22.	327	1	Hara.	(Signed) I: Millelays,		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be seeured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	=====
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PLACE OF DEATH

Elleram

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.

(If death occurred in

reman X.	tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I at 1992, to that I last saw halfmalive on the saw halfmalive	tended the deceased from
and that death occurred on the date state	d above, at 2 G. m.
The CAUSE OF DEATH * was as follows:	
Orematine Br	rTh
(Duration)	
Contributory Secondary (Signed) (Signed) (Address)	catt M.D.
*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	, or, in deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans-
At place In the of deathyrsmosds. Ste	e ateyrsmosds.
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	ADDRESS .
m. Gellow	Honacomy he

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precion of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a especially in industrial employments, it is neces-Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." carbalic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as "Heart failure," Chronic valvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

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PHYSI-

PLACE OF DEATH	STATE OF MARYLAND
County allegany	© CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Imaunus (No.) ack	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME	Bulman stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 000. 29th, 1932
Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from Jam. 29 1932 to Jam 29 1932, that I last sow it stated on Jam. 29 1932,
7 AGE If LESS than 1 dayhrs.	
yrs. mos. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work	asplique du lo cort
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)de.
D BIRTHPLACE (State or country)	Secondary
10 NAME OF Columbia Belman	(Signed) M. I. M. D. Ward M. D.
OF FATHER (State or country) West Ungine	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER James Kildy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place of deathmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Columbus Becure	Former or usual residence
(Address) Invaining. md	mocrow Cemeling Jan. 29th, 1932
Filed Mu. 29 1982 E. Ory Johns	M. Siehore Jonaunig. hu
If more branks are needed, address Stete Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons enr," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Whooping cough; American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of tetunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage Chronic valvular etc. The contributory Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

te t	STATE OF MARYLAND	CERTIFICATE OF DEATH 10007
infor- state UPA-	1. PLACE OF DEATH	22-20
73	County allegand	Registration Dist. No.
should of	comp Village or City a after the the put md	No. St. Ward
sho of o		death occurred in a hospital or institution, give its NAME instead of street and number)
nt NS	Length of residence in city or town where death occurred 32 yrsmos.	ds. How long In U.S. if of foreign birth?'yrsmosds.
CORD. Every PHYSICIANS oct statement	2. FULL NAME Lesse John	
SIC ate	(a) Residence: No. 209 Cromer	St., Ward.
ECORD PHYS act sta	(Usual place of abode)	If nonresident give city or town and State
rECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F. M	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)	21. DATE OF DEATH
T Z Z	male White Widower	(Month) (Day) (Year)
DING ANEN ACTI ssifted.	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
BINDIN ERMANI EXACT y classificate.	(or) WIFE of Mary I. Robo	7- 193 % to 184 7 193 2
SIN ERN ELX els	C DATE OF BIRTH (Mast saw h alive on As . 6 - 193 A: death is said
	6. DATE OF BIRTH (month, day/and year) 200. 67. 67. 68. 7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at 5.30 am.
FOR IS A F stated properl	70 11 (1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F(IS sta pro	8. Trade, profession, or particular	were as follows:
- 70	kind of work done, as SPINNER, Harmer	JARA GUA
<u>T</u>	F 1	John John John Wall
2 2 2 2	3. Thdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Carkey fromkohay 1/7/20
70 4	Date deceased last worked at this occupation (month and 1 2) had deal spent in this	
REST VGE I THAT THAT	year) Light ago occupation	Other Contributory Causes of Importance:
A A A Stio	12. BIRTHPLACE (city or town)	Cities strained, strained in mportained
ARGIN RI NFADING oplied. AGI erms, so tha	(State or country) West Turque	My Techel May Hence
MARGI UNFA supplied n terms, ee instri	13. NAME John Km Bofs	mit selevol:
o to to	13. NAME John Mon Bold 14. BIRTHPLACE (city or town) Rud Known	Name of operation
- 70	(State of country)	What test confirmed diagnosis? Was there an autopsy?
W.C.	15. MAIDEN NAME See Tot known	23. If death was due to external causes (VIOLENCE) fill In also the following:
PLAINLY, WTH nould be carefully JF DEATH in pla	16. BIRTHPLACE (city or town) and Known	Accident, sulcide, or homicide?
VIE.	S (State or country)	Where did Injury occur?
LAIN uld be DEA	17, INFORMANT N. Mrs Mrs Mrs. T. Bolos	(Specify city or town, county and Stata) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S PLA Should OF D	(Address)	••••••
[F] (0)	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
T S S Z	Place Histor Cernellery Date fan 1 , 192 W	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER David S. Bral	24. Was disease er injury in any way related to occupation of deceased?
0	(Address) Barton Md.	If so, specify
w m (T)	20. FILED 200 7 1930 allember	(Signed)
> Z	Registrar.	(Address) 170 14410 m/
	If more bland are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Regifesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	100	Example II	
The principal cause of de of importance were as follows:	ath and related causes	Date of onset	The principal cause of death and related causof importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	FEB 2 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	EUREAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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0	state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
7	state UPA	1. PLACE OF DEATH	Pagistration Diet No.
	of infor	County allegacy	Registration Dist. No.
1	sho.	Village or City Cerebral WITHIN C	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
h	INS INS ent	Length of residence in city or town where death occurredyrsmos.	
-	D. Every SICIANS talement	2. FULL NAME Andant Bonema	un
	SIC SIC	(a) Residence: No. 9242 · Lee	St. Ward,
	S X X	(Usual place of abode)	If nonresident give city or town and State
	rECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	は、質	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Seu 5 2
5	d.	Tenent Numb Hughe	(Month) (Day) (Year)
CEN	MANEN ACTI assified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I ettended deceased fro
SIN I	SX 5	6. DATE OF BIRTH (month, day, and year)	last saw h. Last alive on July 19 ; death is sa
۳ در	IS A PE stated E properly certificate	7. AGE Years Mogkh Days If LESS than	to heve occurred on the date stated above, st
5	IS A Stated proper ertifica	1 day,hr.s. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1	7.0	8. Trade, profession, or perticular kind of work done, es SPINNER, SAWKER PROFESSED at a SAWKER PROFESSED A SAWKER PROFESSED AT A SAWKER PROFESSED A SAWKER PROFESSED AT A SAWKER PROFESSED AT A SAWKER PROFESSED A SAWKER PROFESS	Oate of onse
1	HIS l pe l pe s of	SAWYER, BOOKKEEPER, etc.	() for form of
7	ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Copy and for
J.	sh it	11. Total time (years)	Jene Ja
3		this occupation (month and spant in this occupation	S 3
3	NFADING plied. AGl rms, so tha instructions	12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
5	FA lied ms, str		
4		I T	Two days and the same of the s
-	E -= 00	14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of Whet test confirmed diagnosis? Was there an autopsy?
	WITH efully in pla	15. MAIDEN NAME Bessie Easter	23. If death was due to exterpal causes (VIOLENCE) fill in also the following:
		16. BIRTHPLACE (city or town)	Accident, suicide, or homitide? The Bate of injury/and 193
	NLY, pe can ATH nport	State or country)	Where did injury occur?
)	AIL ld b DE,	17. INFORMANT Roland Bournau	(Specify city or town, county and State) Specify whether injury accurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E PLA should OF D	(Address) 18. BURIAL, CREMATION, OR REMOVAL	State of Colores
1	E E is	Place Rose Hell all Date Sau 23 1937	Nature of injury
/	WRITE mation s CAUSE TION is	0.10110	
	CCA	19. UNOERTAKER FOULS Stew fue wullo /	14. Was disease or injury in any way related to occupation of deceased?
	(T)	20. FILEDan. 23, 1932 Harren HIVerisa	(Signed) VICE SUCCESSION M.
		Registrar. If more blanks are meased, address State Resistrar.	(Address) 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
			C On the state of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work donc.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and becoming	Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BUREAU V.	S. July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	account start	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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	Hd '	ed. E	
	XACTEN	ciassifi	sate.
	stated E	properly	f certific
	90	eq	ck o
	should	it may	on ba
	ACE	that	tions
	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
	e carefull	ATH in pla	important.
	d bluc	P DE	very i
	n sho	SEC	8
	ation	CAU	TIO
	nform	etate	CCUP
	of	nld	o t 0
	item	sho	nent (
	ery	ANS	atem
	EV	Ö	80
	N. B		

Village or City Cumbal (No. CORPORATE	STATE OF MARYLAND CERTIFICATE OF DEATH
C O WITHIN CORPOR	Registration Dist. No.
Village or City (No. (No. 2FULL NAME Stillborn C	Ward) Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 9 198 3 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on , 192 ,
7 AGE IFLESS than	and that death occurred on the date stated above, atm,
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
3 OCCUPATION	the bon
(a) Trade, profession or particular kind of work	Curatulal rushilis (?)
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yre,mos,de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF Run mand Buracle	(Signed) Walles Julium M. D.
OF FATHER	(Address)
Z (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ever arma Servin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mrs. Raymond Burst	Former or daual residence
(Address) Cumberland Ord	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Jan. 10 19232 - Harvey Heis Registrar	20 ON DERTAKET
If more branks are needed, agares State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Caal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Campositor, Architect, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cottan mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis af lungs, men-(Recommendations on statement of cause of "Uraemia," "Weakness," etc., when a definite disease Never report mere symptoms or terminal condicough; or intercurrent) affection Chronic Example: Measles (disease ," "Coma," "Convulsions, The nature of the injury, valvular heart disease; etc. The contributory need not be etc., of

If this certificate is looked over thoroughly and a'l questions answeled in detail, it will prevent further correspondence. All the Clata is essential and must be obtained before the certificate is permanently filed.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis FER 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V S	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

MARGIN RESERVED FOR

PLACE OF DEATH	STATE OF	MARYLAND
County (Megany	CERTIFICATE	OF DEATH
	Registration	Dist. No. T
Village or City / WAY VING (No. 46)	lesearrige Ward	V
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	1B DATE OF DEATH (Month)	22, 132 (Day) (Year)
B DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I at	, 192,
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated. The CAUSE OF DEATH * was as follows:	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Miseweriag	
which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration)	yrsds,ds,ds,
10 NAME OF MICHAEL Styrms 11 BIRTHPLACE OF FATHER 10 NAME OF MICHAEL STYRMS 11 BIRTHPLACE OF FATHER	(Signed) 19 (Address) *State the Disease Causing Death, Violent Causes, state (1) Means of In	bury M.S. or, in heaths from
(State or country) 12 MAIDEN NAME OF MOTHER ATHURINE MYUURU	Violent Causes, state (1) Means of It Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitents or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrs	teyrsmosds,
(Informant) Michael Symus		
(Address), Fristburg Did	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed /26 132 DVMOM° Lane Registrar	20 UNDERTAKER	ADDRESS
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tsignus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al " Uraemia, 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping American Medical Association.) approved (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the cough; "" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all quations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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item of infor-

1. PLACE OF DEATH	93-6
County allegany	Registration Dist. No.
Village or City Oddtoon	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
0 4 0	yi5yi5yi6yi oo loogga mitaliyi5yi5yi5
2. FULL NAME Josetta Carder	**************************************
(a) Residence: No. Quatranta (Usua place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Whate OR DIVORCED (rurice the gord)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(nond) (lear)
HUSBAND of Tunothy Harlan Carder	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and fear) March 28 1868	Mass saw her alive on Jan 014 , 19 32 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. T:30Am.
63 8 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Chronic Mayocardula Date planset
kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which Work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Bate deceased lest worked et this pecupation (month and	
II. Total time (years)	
this occupation (mosth and 14,1932 spant in this occupation 50	
HOTHELLOF (Silverton) Hase and	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	On to andrew dilitation 3 guin
13. NAME Benjamin Brant	
T	Name of assertion Propule
(State or country)	What test confirmed diagnosis? Hestory 9 Was there en autopsy? Leo
15. MAIDEN NAME - Lough	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lough 16. BIRTHPLACE (city or town) (State or coupley)	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur?
17. INFORMANT Robert S. Carler	(Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE
(Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL Plece Oldown Date 2 16, 1932	Manner of injury and two of the Corones,
0 0 1 00	Titatio of Injury
19. UNDERTAKER (Address) welling had.	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Jaw 15 , 1932. Parisa Sharholt	(Signed) What Hodge M. D. (Address) Cumbaland, Just M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II		
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	LACIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FEB 10 1002	July 5,1927	Peritonitis	3 days ago	
	EEAT	3			
Other contributory caus	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			4-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		

STATE OF MARYLAND—CERTIFICATE OF

(Year)

Date of onset

1. PLACE OF DEATH

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address) ...

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Chronic interstitial nephritis 5 1039	1921	Run over by street car	1 week ago	
Corebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
			1 geur	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	1.	1.	1	.1	
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1. PLACE OF DEATH	11.
County Allegany	COPPORATE LIMITS Registration Dist. No. 4
Village or City Cumberland. Mid within	COTNO. Ve. Ave. St.6-2 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
William C Cegana.	2
2. FULL NAME Cumberland. Md	
(a) Residence: No. (Usual place of ebode)	St., 6-2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	Jen.12.1932 ,193 (Month) (Day) (Yeer)
5e. If married, widowed, or divorced Cessna (or) WIFE of	1 HEREBY CERTIFY. That I ettended deceased from
S DATE OF BIRTH (month day and year) June. 20th.185	
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 · Pm m.
80 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or perticular	were as, follows: (Sevile) Oate of one of
8. Trade, profession, or perticular kind of work done, as SPINNER, Returned	or result hant. Unturning
9. Industry or business in which	Inh le - Gue hardation & T
kind of work done, es SPINNER, Colleged SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc. 110. Oate deceased last worked at 111. Total time (years)	- 110 Jan 110 - 01932 - Shore
11. Total time (years) this occupation (month and spant in this	1 Williams Again
year) occupation	Other Contributory Cause of importance:
12. BIRTHPLACE (city or town)Pa(State or country)	Three from ampulation
13. NAME Wever Cessna.	1 1/19
13. NAME NEVER CESSNA. 14. BIRTHPLACE (city or town)	Name of operation (Mary Market) Tuyl Date of 1-10-3.
(State or country)	What test confirmed diegnosis? Infulfin Was there an autopsy? Ma
5 15. MAIDEN NAME Annie. Smith	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME Annie. Smith 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Wever . Cessna . (Address) Ridgely, Wya.	(Specify city or town, county end State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION OF REMOVAL	Manner of injury
Place Cresaptown, Md. Date Jan. 15. 1932	- Nature of injury
John C. Wolford	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Vunberland, Md,	If so, specify
Day 14 22 Maria Hasian	(Signed) WOISLARL M. D.
20. FILED Registrar.	(Address) / 22 Bullend Stale
	, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis FEB 5 1932	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURKAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			3
			,* = -

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
, PUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis B 5 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	-			

V. S. No. 1

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1. PLACE OF DEATH	Registration Dist. No. 4
County Allegany	Registration Dist. No.
	\\P\n0St.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Stilloom Crum	P
(a) Residence: No. 4 Chroling and (Usual place of above)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	WEDERY GERTIEV THE STATE OF THE
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 10 -1952	l last saw h alive on 19 death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	70 104 /04-112
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
11. Total time (years) this occupation (month end spent in this occupation	
P 1 . 1 . 1	Other Contributory Causes of importance:
(State or country)	Trimanus 5000
13. NAME W P, Crump 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Coffin Cherman 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT W. S. Comp - (Address) Heliostand are	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURGAL, CREMATION, OR REMOVAL	Manner of injury
Plece unberland, Date Jan, 10, 19 24	Nature of Injury
19. UNDERTAKER W. R. Crump	24. Was disease or injury In eny way related to occupation of deceased?
(Address) Cumberland Ma	If so, specify
20, FILED Jan. 10, 1932, Harren J. Wen	(Signed) Pla Dowen M. D.
Registrar.	(Address) - frankerband

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis FFB 5 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.	~			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of deat of importance were as follow	h and related causes ws:	Date of poset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FEB 6 1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago	
1					
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1)
County allegand,	Registration Dist, No.
Village or City mike the This Uhu	9 No. Mines to fital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	ds to How long in U.S. it of foreign birth? yrs mos ds.
2. FULL NAME Margarty Do	rsery'
(a) Residence: No. Multi-	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mushaul American	22. HEREBY CERTIFY, That I attended decoased from
6. DATE OF BIRTH (month, day, end year) May 8 18 49	Uest saw h. M. alive on
7. AGE. Years Months Days If DESS than	to have occurred on the date stated above, at
8 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Post speralu shock Jun. 21-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	
11. Total time (years) this occupation (month end year)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country) Cheland	rential Herrika
I Day of the Man	Neme of operation Ventral Hernestony Date of July 22-32
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Bridgett Merryman	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Bridgett Merry nan 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT agastie V. Dorcey (Address) millen a millen	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	, Manner of Injury
Place & eleverde Cometinpate Jon 75, 19.3.7	Nature of injury
19. UNDERTAKER 45 Boal	24. Was disease er Injury In any Wey related to occupation of deceased?
20. FILED 4, 19 32 - Dr NOM Lane	If so, specify (Signed) M. A. D. M. D.
Registrar.	(Address) Magazina Magazina

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NULSAU F. S	1 7 T		
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in the how profit of foreign birth? (If death occurred in U. S. How profit or town and State (If death occurred in U. S. How profit or town and State (If death occurred in U. S. How profit or town and State (If death occurred in U. S. How profit or U. S. How profit or U. S. How profit or town and State (If death occurred in U. S. How profit or I sate of Institute or I sate or I	DEATH 00020	CERTIFICATE	F MARYLAND-	STATE OF
In city or your where death occurred. Ward. Ward.	12.	-10		
(If death occurred in a heightel or institution, are its NAME instead of street and number) or where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. O (Usual place of abode) AND STATISTICAL PARTICULARS OLOR OR RACE OR DYONCED Complete with the word) OLOR OR RACE ON DYONCED Complete the word) OLOR OR RACE OR DYONCED COMPLETE OF DEATH OLOR OR RACE OR DEATH OLOR OR DE	legistration Dist. No.	AVA-54	41.1	eg any
in city or yown where death occurred yrs	St.,Ward	No.	Gilmore	0 0
O. (Usual place of abode) St., Ward. (Usual place of abode) St., Ward. (Usual place of abode) St., Ward. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH OIOR OR RACE OIOR				
(Usual place of abode) AND STATISTICAL PARTICULARS OLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word) Adva, and year) Months Days If LESS than 1 day, hrs. or min. Or particular one, as SPINNER, (KEEPER, etc. sis in which as SILK MILL Austral (Worked et (month and) Outpation Other Coatributory Causes of importance: What test confirmed diagnosis? X Ray Was there an aulopsy: What test confirmed diagnosis? X Ray Was there an aulopsy: What test confirmed diagnosis? X Ray Where did injury occur? (Specify city or town, county and State)	ign until:yismusmus.	worth	by Duch	In city of win where dea
MEDICAL CERTIFICATE OF DEATH OLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("arrite the word) Olor Or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("arrite the word) Olor Or DEATH Olor Or DIVORCED ("arrite the word) O		St., Ward.	& Gilmore	0.
OLOR OR RACE OR DIVORCED (write the word) What test confirmed diagnosis? X Ray Was there an autopsy? What test confirmed diagnosis? X Ray Was there an autopsy? What test confirmed diagnosis? X Ray Was there an autopsy? What test confirmed diagnosis? X Ray Was there an autopsy? What test confirmed diagnosis? X Ray Was there an autopsy? What test confirmed diagnosis? X Ray Was there an autopsy? What test confirmed diagnosis? X Ray Was there an autopsy? What test confirmed diagnosis? X Ray Was there an autopsy? Where did injury occur? (Specify city or town, county and State)	If nonresident give city or town and State		(Usual place of abode)	
divorced 22. HEREBY CERTIFY. That I attended decease 19.3 to	IFICATE OF DEATH	MEDICAL C	ICAL PARTICULARS	AND STATISTIC
22. I HEREBY CERTIFY. That I attended decease And any and year) Chick 1 879 I last saw h alive on for the date state debove, at 1200 mm The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Carcinomia of Mary land Other Contributory Causes of importance: What test confirmed diagnosis? The Mary land Name of operation. Other Contributory Causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Where did injury occur? (Specify city or town, county and State)	w. 22 nd 193 2 (Year)	21. DATE OF DEATH	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	OLOR OR RACE
Aday, and year) Aday Ada				divorced
Months Days If LESS than 1 day. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carcinous of Spinner. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carcinous of Spinner. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carcinous of Spinner. Other Contributory Causes of importance: Other Contributory Causes of importance: What test confirmed diagnosis? X. Pary Was there an aulopsy? Many E. Clarks Or town) Mary Land Accident, suicide, or homicide? Date of injury, 15 (Specify city or town, county and State)	ERTIFY. That I attended deceased from	22. I HEREB	n 1 .1	11
Months Days If LESS than 1 day. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carcinous of Jacks of importance of importance of importance: Other Contributory Causes of importance: Many E. Class Many E. Class Other Contributory Causes of importance: What test confirmed diagnosis? X. Pay Was there an aulopsy? Many E. Class Other Contributory Causes of importance: Many E. Class Other Contributory Causes of importance: Many E. Class Other Contributory Causes of importance: Many E. Class Many E. Class Other Contributory Causes of importance: Other Contributory Causes of importance were as follows: Other Co	11 to 1932	alle. 15	Kushwath	nuel.
Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Carcinowa Historian Date of were as follows: Carcinowa Historian Other Contributory Causes of importance: What test confirmed diagnosis? X Ray Was there an autopsy? May E. Class What test confirmed diagnosis? X Ray Was there an autopsy? Accident, suicide, or homicide? Date of injury occur? (Specify city or town, county and State)	all (2/4, 19.32; death is said	I last saw h alive on	hil 1. 1879	day and year)
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of particular one, as SPINNER, (KEEPER, etc. SS in which as SILK MILL forms with this occupation. Worked et (month and spent in this occupation. Other Contributory Causes of importance: What test confirmed diagnosis? X - Ray Was there an aulopsy? What test confirmed diagnosis? X - Ray Was there an aulopsy? What test confirmed diagnosis? X - Ray Was there an aulopsy? Accident, suicide, or homicide? Date of injury, 15 Where did injury occur? (Specify city or town, county and State)	ve. at 1.30 P m	to have occurred on the date state	Days If LESS than	
or particular one, as SPINNER, it. EPER, etc. Si in which as SILK MILL forms with as SILK mill form of the contributory Causes of importance: Worked et (month and spent in this occupation or town) What feet confirmed diagnosis? X Ray Was there an autopsy? What test confirmed diagnosis? X Ray Was there an autopsy? What test confirmed diagnosis? X Ray Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 15 Where did injury occur? (Specify city or town, county and State)				9
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KEEPER, etc. ss in which as SILK MILL Worked et (month and spent in this occupation or town) What I ary land was described by the confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Accident, suicide, or homicide? Date of injury, 15 Where did injury occur? (Specify city or town, county and State)	1 to a	•		or particular
as SILK MILE Worked et Worked et (month and	1 stomach Dec 1-3	Carcinoma		
worked et (month and 11. Total time (years) spant in this occupation Other Contributory Causes of importance:)		The second second	ss in which
Other Coatributory Causes of importance: Other Coatributory Causes of i			wework	VK, etc. // / / /
Other Contributory Causes of importance: Other Contributory Causes of i			11. Total time (years)	
win) Maryland Name of operation. What test confirmed diagnosis? X. Ray Was there an autopsy? What test confirmed diagnosis? X. Ray Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?. Date of injury, 15 Where did injury occur?. (Specify city or town, county and State)				
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What test confirmed diagnosis? X Was there an autopsy? Way E. Clark Or town) May Lund Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county and State)			yeare	own) /// wo
What test confirmed diagnosis? X Was there an autopsy? Way E. Clark Or town) May Lund Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county and State)			//	10 0
What test confirmed diagnosis? X Was there an autopsy? Way E. Clark 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State)			neller	ohn M
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Mary, E. Clarks 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	Ray Was there an autopsy? No	What test confirmed diagnosis?	1	
Accident, suicide, or homicide?	The state of the s		plant	MARILEO
(Specify city or town, county and State)			· come	indy c.
(Specify city or town, county and State)	Date of injury, 19		any eund	
Heo. Shedwork Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	Specify city or town, county and State)	Where did injury occur?		ry)
tok ast much	JUSTRY, in HOME, or in PUBLIC PLACE.	Specify whether injury occurred i	Shidwork	Hes.
OR REMOVAL Manner of injury		Manner of injury	1	OR REMOVAL
Constant Day 1 and 2 the 22			Date land 19.73	Cometica
Nature of injury	1. ~		non	10 %
24. Was disease or injury in any wey related to occupation of deceased? Wo	lated to occupation of deceased?	24. Was disease or injury in any v	hhorn	Cic
Long oning and If so, specify		If so, specify	aning mich	Longe
(Signed) M. Mc Derugat	recyat M.D.	(Signed) M. MM	Ra Staloem	1 2 m
2., 1920 Registrar. (Address & Midlaud - marylaus)	land-maryland	(Address & M	Registrar.	1, 1929
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	- 71 C N		V	TC 11

state

1. PLACE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	xample I	il i	Example II	
The principal cause of det of importance were as foll Arteriosclerosis	ows: RECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	FEB 5 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 LD 0 1010	July 5,1927	Peritonitis	3 days ago
	BUREAU V.	3.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Registration Dist. No. 4
County allegams	Registration Dist. No.
Village or City Centile Verlage of WIT	LIN COH
	No. St., — Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _yrsmos	ds How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillborn our	ralli.
001 010 010	a. 1. 21 w
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDDWED,	21. DATE OF DEATH /
OR DEVORCED (write the word)	tan 15 1932
5a. If marriad, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY). That I attended deceased from
(6), 1112 61	Jan 18 1932 to Jan 15 1932
6. DATE OF BIRTH (month, day, and year) Que 18132	I last saw h death is said
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, at 4. 75 m.
l day,nirs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:
kind of work done, as SPINNER,	CATION B. +1
19. Industry or business in which	XIIII AMA
work was done, as SILK MILL, SAW MILL, BANK, atc.	
11. Total time (years) this occupation (month and spent in this	
year) occupation	
12. BIRTHPLACE (city or town) mary land	Other Contributory Causes of importance:
(State or country)	
II 13. NAME Calery Uwall	
E	N
14. BIRTHPLACE (city or town) (State of country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TO A . Reckley 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. Glert Dural	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cullerland Mad	•••••••••••••••••••••••••••••••••••••••
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Opting 700 M Opata 19.3	Nature of injury
19, UNDERTAKER Tour Olaila dies	24. Was disease or injury In any way related to occupation of deceased?
(Address) Ce be land had	If so, specify
20. FILED Jan 19 1932. Harrey Here!	(Signed) A gameh M.D.
20. FILED 7	R (Address Cumbuland Ma)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

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Example 1 VE	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of cyrlepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00022
ould state	1. PLACE OF DEATH	12 nf (82-a)
	County allegacy vulsit	Registration Dist. No.
item of should of OCC	Village Gity Corridoussille City	imuts st., Ward
i 0	Length of residence in city or town where death occurred vrs. mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
Every MANS Ement	2. FULL NAME Ofishiams M. Cu	Partition of the state of the s
2 3	5.10	The med Med Carried in the m
CORD. Every PHYSICIAN act statement	(a) Residence: No. MV. Land (Usuphplace of abode)	II nontesident give city or town and State
PHCO PHC Xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 95 19.20
L'A	mare muto married	(Month) (Day) (Year)
BINDING PERMANEN EXACT!	5a. If married, widowed, or divorced HUSBAND of	22. A LHEREBY CERTIFY. That Lattended deceased from
MA A A A SS ass	(or) WIFE of Rocheal Cugle	22. I HEREBY CERTIFY. That I attended deceased from
BINJ PERM EX	6. DATE OF BIRTH (month, day, end year) 18529	Hast say h im alive on Jan 27, 1932 death is said
3]	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
FOR B IS A PI stated Is properly	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than I day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
70	8. Trede, profession, or particular kind of work done as SPINNER	Date of onset
VED THIS	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which	Capoplery 11-10 w
R B	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and second of this occupation) (month and second of this occupation) (month and second of this occupation)	
INK INK E sh	10. Date decoased lest worked at this occupation (month and spant in this	
RES 4G I	10. Date decoased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME	Other Contributory Canses of importance:
	12. BIRTHPLACE (city or town)	Differ Contributory Causes of Importance.
GI GI ed.	(State or country)	maningetis 1-22V
MARGIN UNFADIS supplied.		
- 7/	13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
rilly pla	(State of Country)	What test confirmed diagnosis? Wes there an autopsy? No.
carefully EH in pla	H H	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
LY	16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide?
AINLY d be co		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	17. INFORMANT (Address) Cabelle Caped 19. PUPILAL CREAT THOM OF THOMAS	Wow I HOUSE, OF THE POSETO FEACE.
E PL shoul	18. BURIAL, CREMATION, DR SMOVAL	Manner of injury
		Neture of injury
-WRITE mation s	19. UNDERTAKER Louis Diens Luc	24. Was disease or injury in any way related to occupation of deceased?
No.	(Address) Cumbriland and	If so, specify
vi Z	20, FILED Jan. 26, 1932, Harvey H. Weis	(Signed) M. D.
P F4	Registrar.	(Address) Cumbelland Adj
Xx, Hadgeo	15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II	
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CENVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg		1921	Run over by street car	1 week ago
Cerebral hemorrhage	red h	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:	,	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			2.4	

V	STATE OF MARYLAND—	CERTIFICATE OF DEATH 60023
state UPA	1. PLACE OF DEATH	(75) IMITS
ould occ	County allegany	HIN CORPORATE LIMITS Registration Dist. No. 4
item of should of OCC	Village or City Conflored WIT	No. (allegous Torbital S. Ward death occurred in a hospical or institution, live its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos.	As. How long in U.S. if of foreign birth? yrsmosds.
Every CIANS ement	2. FULL NAME (fear W. tout	tek
CORD. Every PHYSICIANS oct statement	(a) Residence: No. Lower (Usual place of abode)	Mard. If nonresident give city or town and State
CORD.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
r CCO Y. PH Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH/
T L ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDIN PERMANH EXACT y classific	HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
SIN ERN EX	6. DATE OF BIRTH (month, day, and year) V /897	I last saw Li alive on 12 3 1932 death is said
PE Berly cate	7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
FOR BI IS A PE stated E properly certificate.	35 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate of onset
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	heute alcoholism +
	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Dielinghant 30 in after him
VK-T should it may n back	SAW MILL, BANK, etc. 11. Total time (years)	admitted to harfitted
o t a li	this occupation (month and spart in this occupation occupation	
Z	12. BIRTHPLACE (city or town) Tiles Va	Other Contributory Causes of importance:
MARGIN TONFADIN Supplied. A rerms, so the instruction	(State or country)	
MARGI UNFA supplied n terms, ee instru	II 13. NAME Jour Fortel	
7 5 5 6	13. NAME Journ Foulth 14. BIRTHPLACE (city or town). West Va	Name of operation
1 S	(State of County)	What test confirmed diagnosis? Met and a Con Was there an autopsy? L
INLY, WE be carefully EATH in pla	15. MAIOEN NAME Communication of the State of country) 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL pACE) in the disable of lowing: Accident, suicide, or homicide?
cal TH port	16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
AINLY, id be cal	Q. Frital.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	17. INFORMANTO Cey Chamberland Md.	
TE PL shoul E OF	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
	present Capacon Wile Date Lau 2.6-, 1931	Nature of injury
TEOF	19. UNDERTAKER Louis Stand Fine d.	24. Was disease or injury in any way related to occupation of deceased?
S. N.	20, FILED Jan 2519 32. Harvey H. Wei	(Signed) / Carren M. D
Þ. K	Registrar.	(Address) Combulary A.
[7]	If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH
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-	1.	10	0 0	71
6	U	U	4	生

1. PLACE OF DEATH	(82-4)
County allegony,	Registration Dist. No.
Village or City & Con Line	NoSt,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?
	71 7
2. FULL NAME Leander Ellswor	a loge
(a) Residence: No. (Usua place of abode)	St., Vard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DEVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBANO of may ann Foyl	22. HEREBY CERTIFY, That I ettended deceased from 10. 15. 19. to fam. 1932.
6. OATE OF BIRTH (month, day, and year) Feb 23, 1861	1 last saw h alive on, 193.2—; death is sald
7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at
70 10 9 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	
SAWYER, BOOKKEEPER, etc.	arterio & clerosis
9. Industry or business in which work was done, as SILK MILL.	
0 10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and 192/ spant in this occupation 35	
12. BIRTHPLACE (city or town) Peculmont	Other Coutributory Causes of importance: About I Year agr
(State or country) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	he had an attack of
13. NAME Re samin Fayl	- hemplegies
13. NAME Be for in for 14. BIRTHPLACE (city or (own) Castine	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME - Cyrice Jones.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME — Equice Jones. 16. BIRTHPLACE (city or town) Statute Maine	Accident, sulcide, or homicide? Oate of injury, 19
S (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Miss, delen for e.	Specify whether Injory occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lacrel Millore for 4, 19.3	Nature of injury
19 UNDERTAKER J. S. B. Lal	24. Was disease or injury in ony wey related to occupation of deceased? hus
(Address) /2 artor Md	If so, specify
20, FILEO Jan 3 1932 Da, Bride	(Signed) S. U. Boncher M. D.
Registrar.	(Address) 13 wrtery Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones ·	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	A	A	١.		Ė		I]	,	,			(1	l]	1	5	(11)	7	-		2)			1	ŀ	1	>	P	I				ï	1		2	3	I]		1	5	7.5	C]	[V	1	ľ	1	3	I		T I	and a	V	I	1	3	ŀ			1	-		1	A	£	1	1			ľ	I	I	I	1	1	1	1	1	1	1	1	1	1	I	I	ľ	ľ	[-		1	1	1	İ	£	A	A	A	A	A	A	A	A	A	A	A	A	£	£	£	£	£	£	£	£	A	A	A	A	A	A	4	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
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STATE OF MARYLAND—CERTIFICATE OF DEATH 66025

1. PLACE OF DEATH			
County ALLEGANY	Acar	RATE LIMI Registration Dist. No.	
Village or City CUMBERLAND Length of residence in city or town where death occ		RATE LIMIT Registration Dist. No. No. MEMORIAL HOSPITAL St., 6 death occurred in a horpital or institution, give its NAME instead of street and it. ds. How long in U.S. if of loreign birth? yrs. mm	
2. FULL NAME Stalff	et all Ho	as be 1	J3
(a) Residence: No. QAKLAND.	MARYLAND Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	State
FEMALE WHITE OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH JANUARY 13, 1932 (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE oi		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, end year) JAN	UARY 13, 1932		, 19 .: death is sald
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2:17. Ann. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onsat
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		Till form	Date of onsat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc D. Date deceased last worked et			
10. Date deceased last worked at this occupation (month and year)	11. Total time (yeers) spant in this occupetion		
12. BIRTHPLACE (city or town) MARYLAN (State or country)	D	Other Contributory Casses of importance: The state of th	
H 13. NAME ROSS GANK			
14. BIRTHPLACE (city or town) MARYLA (State or country)	ND	Name ol operation Date ol What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME ROSA HERSHMA	N	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) WEST (State or country)	VIRGINIA	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT MEMORIAL HOSPI (Address) CUMBERLAND.	TAL MAKYLAND	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18 BURIAL, CREMATION, OR REMOVAL Place Memorial Joseph Date	L. 1-13,1932	Manner of injury	
19. UNDERTAKER Memorial (Address) umberla	Hospital	24. Wes disease or injury in any way related to occupation of deceased?	ho
20. FILED an - 13, 1932. Harre	ey HIVeis, Registrar.	(Signed) Dol A Contract	/M. D
If more blanks a		(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL SPACE FOR FURTI	ER STATEMENTS H	BY PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Dr. Williams

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	Example I		Example II	
of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CEIVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial ne	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FFR 5 HB2	July 5, 1927	Peritonitis	3 days ago
	BT B J 7.5.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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19. UNDERTAKER

20. FILED

DD

(Address)

OMENS

infor-

		F DEATH ALLEGANY CUMBERLA dence in city or town where c	ND, MD.	WITHIN-GOI MEMORIA	CERTIFICATE OF DEATH REGISTRATION DIST. No.	
2		WE RICHARI ce: No. II EAST	-		D MD 5 Ward	
	(a) Resident	ce: NoL_EAST	(Usual place	of abode)	If nonresident give city or town and St.	ate
	PERSON	AL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
1	MALE If married, widow HUSBAND of (or) WIFE of	4. COLOR OR RACE WHITE ed, or divorced	5. SINGLE, MARI OR DIVORCEI SINGLE	(write the word)	21. DATE OF DEATH JAN IS, ING. (Day) 1 HEREBY CERTIFY That I ettended dec	93(Year)
7.	AGE Yaar	month, day, and year) rs Months gsion, or particular	APRTI, Days //3	5 T927 If LESS than 1 day, hrs. or min.	to have occurred on the date stated bove, at 3;45 A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	leath is said
OCCUPATION	SAWYER, Industry or It work was SAW MIL Data decease this occup	ork dona, as SPINNER, BOOKKEEPER, etcbusiness in which done, as SILK MILL, L, BANK, etc		ma (years) tin this pation	Eg Cerko Africal hemengeles	900
_	. BIRTHPLACE (cit (State or coun	ntry)	AND		Other Coutributory Causes of Importance:	
R FATHER	(Stata or	(city or town)MARY:	LAND		Name of operation Data of What test confirmed diagnosis? Was there an auto	opsy?
HER	15. MAIDEN NA	ME MILDRED	BRANT		23. If death was due to external causes (VIOLENCE) fill in also tha following:	

MOT 16. BIRTHPLACE (city or town) ----- MAR-Y-LAND (State or country) HOSPITAL 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

Registrar.

Manner of injury

Nature of injury

Whera did injury occur?__

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Date of injury....

(Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Accident, sulcide, or homicide?_____

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURBAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The PRINCIPAL CAUSE OF DEATH and related causes of importance Data of onset What test confirmed diagnosis? Was there an autopsy? 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. in any way related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

(Year)

death is said

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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BJTTAB V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	I

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Chronie interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FEB 5 1932	July 5, 1927	Peritonitis 6	3 days ago	
	BUREAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:	*	
Gallstones		May 1,1923	Gastroenteritis	1 year	

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Cerebral hemorrhage BUREAU V S.	July 5, 1927	Peritonitis	3 days ago
3322			
Other contributory causes of importance:	A TOTAL	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

10. Date deceased last worked at

14. BIRTHPLACE (city or town) ____

(State or country)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

15. MAIDEN NAME

13, NAME

17. INFORMANT _

19. UNDERTAKER

(Address)

(Address)

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12. BIRTHPLACE (city or town) VIRGINIA

HARMAN HINER

16. BIRTHPLACE (city or town) ----- V-T-KGINIA

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPAitem of infor-1. PLACE OF DEATH WITHIN CORPORATE LIMITS plnods County ALLEGANY Village or City_GUMBERLAND-, MD .-- MEMORIA of PHYSICIANS Length of residence in city or town where death occurred____yrs.___ KECORD. Every statement 2. FULL NAME BENJAMIN HINER (a) Residence: No._FRANKLIN, W.VA. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the MARRIED WHITE MALE FOR BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MCCLUNG HINER MAUDE certificate. 6. DATE OF BIRTH (month, day, and year) **T868** If LES Years Months 7, AGE 63 1 dey or____ 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION of instructions on back 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

NY WHITHIN CONFORD	Registration Dist. No.
IAND MD MEMORIAL H	OSPIG.TPAT. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
DAND, MD . MEMORITAD (#	death occurred in a hospital or institution, give its NAME instead of street and number)
where death occurredyrsmos.	5_ds. How long in U.S. if of foreign birth?yrsds.
JAMIN HINER	
	St., Ward. I ranklin W. Va.
KIIN W VA (Usual place of abode)	If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	JAN, 30, 1932 (193) (193) (Year)
	(Month) (Day) (Year)
McCLUNG HINER	22. HEREBY CERTIFY, That I attended deceased from
MCCHONG HINER	1. 75 · 1932 / · 30 · 1932
") MARCH T2 T868	i last saw h
onths Days If LESS than	to have occurred on the dete stated above, et. 12:30m. A. M.
/6 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
/	were as follows:
NER, LAWYER	
	Marke &
L,	Of rouse My Cortilis
11. Total time (years)	Challeystetis with stones.
11. Total time (years) spent in this occupation	Subarita affendicities and adherions.
	Other Coatributors Causes of importence:
IRGINLA	12h Olleget ect oney
	Tepplusectomy / 1-27-34.
LNER	
VIRGINIA	Name of operation Date of
	What test confirmed diagnosis? Was there en eutopsy?
A HARRTSON	23, If deeth was due to external causes (VIOL ENCE) fill in elso the following:
	Accident, suicide, or homicide?
VIRGINIA	
	Where did injury occur? (Specify city or town, county and State)
L HOSPITAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
LAND, MD.	
WISO Felal 32	Manner of injury
Dete 9-4-1, 19-2-	Nature of injury.
Butter	24. Was disease or injury in/any wey releted to goodbation of deceased?
itand md	If so, specify
THE raves THAT.	(Signed) / by A Millian Sto.
Registrar.	h list in the state of the stat
	(Address) - W. A. W. L.
,	-7-1 to Common Deminoral Accineming Of Di 110, 10

S. No. 1

WRITE

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1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	BUREAU V.S.			
Other contributory ca	uses of importance:	J	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis 5-15 5 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAT				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. Mo. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06035
1. PLACE OF DEATH	92-20 LIMITS
County Allegany	Registration Dist. No.
Village or City Chamberland WIT	CERTIFICATE OF DEATH (((35) HIN GORPORATE LIMITS Registration Dist. No. 4 No. 12-1 Warnower St., 2— Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city-or town where death occurredyrsmos.	
2. FULL NAME Chrabeth V. Hr	imphrey
(a) Residence: No. Davis, W. U. (Usual place of abode)	St., Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Travied	21. DATE OF DEATH (Monty) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Are, 70, 1931, to 2 am 19 - 1932
6. DATE OF BIRTH (month stay, and year) may 11-1860	I last saw her alive on Jumaly 18 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 15 Q m.
7 \ 8 \ \ 8 \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8 Trade profession or particular	Chranic My ocrrailis - with Date of onset
SAWYER, BOOKKEEPER, etc. Nousewife	antie + nistral lakage -
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation 11. Total tima (years) spent in this occupation	
111 100.	Dither Cautribatary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Farting Magolardum
	· · · · · · · · · · · · · · · · · · ·
E / / / / / / / / / / / / / / / / / / /	Nama of operation Date of
4. BIRTHPLACE (ofty or town) (State or country)	What test confirmed diagnosis? 87 molliums Was there an autopsy? No
15. MAIDEN NAME Susannal Hartma	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Susanna Hartma 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
E (Stata or country)	Where did injury occur?
17. INFORMANT Beryl Miller (Address) Carol berland mil	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Advis, W. Date Jan. 21, 19 20	Natura of injury
19. UNDERTAKER A R Proof	24. Was disease or injury In any way related to occupation of deceased?
20. FILED (an) . 19, 19 32. Hawey H. Wers. Registrar.	(Signed) MBlake (Address) / 22 /2mf/m / Lumbuland ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 5 1932	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance: V. S.	6	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

County____

ALLEGANY.

IY,	No. MEMORIAL HOSPITAL, ST. 6 Ward		
BERLAND, MD. WITHING	No. MEMORIAI, HOSPITAL, St. 6-1 Ward death occurred in a horpital or institution, give its NAME instead of street and number)		
	3 _ds. How long in U.S. if of foreign birth?mosds.		
ALICE JEFFRIES,	0 m 0 0 m		
OLAND MD. (Usual place of abode)	St., Ward. / Mare if nonresident give city or town and State		
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED	21. DATE OF DEATH JANUARY (Month) JANUARY (Year)		
H E. JEFFRIES.	22. I HEREBY CERTIFY. That I attended daceasad from		
miths Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at		
HER, HOUSEWIFE			
11. Total time (years) spent in this occupetion ARYLAND	Other Contributory Causes of importance: 1		
SANDERS, ARYLAND	Name of operation Date of Was there an autopsy? No		
CE BEEMAN	23. If death was due to external causes (VIOLENCE) fill in also the following:		
MARYLAND L HOSPITAL,	Accidant, suicide, or homicide? Oate of injury, I9 Where did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.		
gmondan. 6 1930	Manner of Injury		
Stones one.	24. Was diseasa or Injury in eny way related to occupation of deceased? ho		
Harvey Huler Registrar.	(Signed) (Address) Cumbulang my		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

STATE OF MARYLAND—CERTIFICATE OF DEATH 66636

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB , 1939	July 5,1927	Peritonitis .	3 days ago
BUREAU V A			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To	be	complete.	an	occupation	return	must	state:
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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Vario

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Example I	İ	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

+ te +	STATE OF MARYLAND—	CERTIFICATE OF DEATH	. 0
stat UPA	1. PLACE OF DEATH	UUU:	33
	County Allegans	Registration Dist. No.	
should of OCC	Village or City Constand WITHIN	No. 114 Selection St., death occurred in a hospital or institution, give its NAME instead of street and rum	Ward
	Length of residence in city or town where death occurredyrs,mos.		
Every CIANS ement	2. FULL NAME trank I'Kenn		
. H t	(a) Residence: No. 114 August (Usual place of abode)	St., / Ward. If nonresident give city or town and Sia	ile
ECORD PHYS xact str	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
T.Y.	3. SEX. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DLY OR CED (write the word)	21. DATE OF DEATH Jaw 10	93.21
T L Y	5a. If married, widowed, or divorced	(Month) (Day)	(Year)
RMANEN X A C T I classified.	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended dec	eased from
RM X cla	Q 11.0160	,1931, to	, 1930
PERM EX. ly cla ate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If ESS than	I last saw have alive on 1927; d	eeth Is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
IS sta pro	S Yanda australian as activities	were as follows:	ate of onset
of o	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Artterine of Ba	7
	Industry or business in which	- A prairie	12
Should it may n back	work was done, as SILK MILL fillegamy to Continue	K 7	31.
H 40	10. Date deceased last worked et this occupation (month and spant in this		
NFADING I	year) occupation	Other Contributory Causes of importance:	
Se se icti	12. BIRTHPLACE (city or town)		
FA] ied. ns,	(State or country)	Curpoten of 10mis	12 10
	13. NAME 13. NAME 14. BIRTHPLACE (city or town)	- Where Seller,	21.
H U y sul ain t See	14. BIRTHPLACE (city or town)	Name of operation Date of	
		What test confirmed diagnosis? Was there an eulo	psy?
	I	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
cal cal TH oort	[State or country]	Accident, suicide, or homicide? Date of injury	-, 19
be be imp	(State of Goullet)	Where did injury occur?(Specify city or town, county and State)	
A D Id	17. INFORMANT And Little de l'Arthrol (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
	18. BURIAL CREMATION, OR REMOVED.	Manner of injury	
ISE N i	Place Min to Madata / 1932	Nature of injury	~~~~~
-WRITE mation s CAUSE TION is	19. UNDERTAKER Lomo Stein Ine	24. Was disease or injury in any way related to occupation of deceased?	
- F	(Address) bomberloud md	If so, specify	
-	20. FILEDan. 13 1932 Have Hiveis	(Signed)	M. D
2 ()	Registrar.	(Address) South shush pool	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

_ M. D.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
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Chronic interstitial nephritts EB 5 1932	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			72 ISSE

V. S. No. 1

CTATE OF MADVI AND

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8
County Allegany,	CORPORATE LIMITS Registration Dist. No.
Village or City umperland WITHIN	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Stillborn fell	er
(a) Residence: No. 4 20 S. Cellar (Usual place of abode)	St., 6- Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (quite this word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE ot	22. I HEREBY CERTIFY, That I attended deceased from
0-12-7-1932	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is said to have occurred on the date stated above, atm.
Stillborn or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, protession, or particular kind of work done, as SPINNER,	frequency for the
SAWYER, BOOKKEEPER, etc.	Seil assity
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) umberland, md. (State or country)	Other Contributory Causes of Importance:
E DO	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
± 1	23. If death was due to exteroal causes (VIOLENCE) fill In also the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT MAS. A.C. Keller (Address) Cumberland md	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Rose Hill Cem Date Jan. 4/, 1932	Nature of injury
19. UNDERTAKER Lar B. See (Address) Cumberla DA	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Jan. 27,1932. Howey H. Wer. Registrat.	(Signed) MERS CLUMEN M. D. (Address) 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
If more blanks are needed address State Registrary	N. Challes Care Policies D. and G. C. M.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Juteine of 48
County allegany	Registration Dist. No.
Village or City Anglicus Village or City	No. St., W death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town when death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME /Mous a / Cen	rell_
(a) Residence: No (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Kernell	1 HEREBY CERTIFY. That I attended deceased to 1981, to land 2, 195
6. DATE OF BIRTH (month, day, and year) Nov. v1 1888	I lest saw h 7 alive on 12 1932, deeth is
7. AGE Years Months Days If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at
8 Trade profession or particular	Caremonotorio
SAWYER, BOOKKEEPER, etc. / Yousewf	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at	
O this occupation (month and spent in this	
year) occupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Coreno da Jenos
13. NAME Claves Coreglement 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CVA Barkley 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?, 19_
Carl VIII	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Consultation Ma	general method many occurred in modern, in nome, or in occurred tender
18. BURIAL, CRIMATION, OR REMOVAL	Manner of injury
Place Jew Davago Date Jal 24, 19.37	Nature of injury
19. UNDERTAKER Louis Dille tue	24. Wes disease or injury In eny way related to occupation of deceased?
(Address) Qualification Mg	If so, specify (Signed)
20. FILED Jan 23, 1932 Haway H. M.C. Registrar.	(Address) The factor of the state of the sta
	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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principal cause of death and related causes nportance were as follows: ck of epilepsy over by street car	Date of onset 1 week ago 1 week ago
over by street car	1 week ago
onitis	3 days ago
er contributory causes of importance:	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CORD. Every item of infor-I UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, W. V. S. No. 1

County Registration Dist. No. Village or City Audibuty Length of residence in city or town where death occurred yrs. mos. ds. How long In U.S. if of foreign birth? yrs. mos. (a) Residence: No. 67 Ballow St., (Usual place of abode) St., Ward. (Usual place of abode) Registration Dist. No. St., Ward. (If death occurred in a horpital or institution, give its NAME instead of street and number) St., Ward.	Ward
Village or City Austberry No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. 2. FULL NAME (a) Residence: No. 67 18 20 20 20 21 21 22 22 22 22 22 22 22 22 22 22 22	Ward
Village or City Austberry No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. 2. FULL NAME (a) Residence: No. 67 18 20 20 20 21 21 22 22 22 22 22 22 22 22 22 22 22	Ward
Length of residence in city or town where death occurred yrs. mos. ds. How long In U.S. if of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. 67 13 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ds.
2. FULL NAME ani B. Knoyer (a) Residence: No. 67 Banery St., Ward.	
(a) Residence: No. 67 Rangery St., Ward.	
(Usual place of abode) If nonresident give city or town and State	
	-
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORGED (write the word) The married, widowed, or divorced 3. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word) (Month) (Month) (Month) (Month)	2
HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended deceased $Sele-1-181$, to $Sele-20$, 19-	from 5 2
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	s sald
8 Trade profession or particular	ionset NOWY
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation occupation	
Other Centributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Other Centributory Causes of importance:	
13. NAME Gener Knyer	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an autopsy?	rkas
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT A acceptance of Address) 18. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Color Cerus Date Jan 26 1932 Nature of Injury Nature of Injury	
19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deseased? If so, specify	
20. FILED 26, 1932 DVNOM Lane (Signed) (Address) ALOAUVY HA	M/D.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
istones	May 1,1923	Gastroenteritis	1 year	

122	STATE	OF MARYLAND-	CERTIFICATE OF DEATH	66643
Stat	1. PLACE OF DEATH		11-0	1
SE S	County allege	only.	Registration Dist. No.	k
item of should of OCC	THIN CHARLET LIMITO OF	terfort a	No. death occurred in a hospital or institution, give its NAME instead of stre	St, Ward
ery ANS ent	Length of residence in city or fown when	e death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrs	ds.
D. Every SICIANS	2. FULL NAME & Uses	hh Canbe	T. Comments of the comments of	
D. 1 SIC	(a) Residence: Wo.	Cestiment	St., Ward.	
HY E SI		(Usual place of abode)	If nonresident give city or to	
Exact	PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEA	TH
N. E	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	103 2
TL ed.	male white	1 Single	(Month) (Day)	(Year)
A CTA Ssife	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I at	ttended deceased from
3 2 , 4	(OI) WIFE OI		Mu V , 19,3 V, to fall	J 19 3 1
EX EX EX	6. DATE OF BIRTH (month, day, end year)	~~~ 2.1932	I dasksaw h. see allve on	19. 3 Ydealh is sald
	7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 4 A.m.	
IS A P stated properl		l day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	Date of onset
20	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.		Muens	
De be			A	1,13,
ould may	S. Industry or business in which		The water my action	
-3 20 6	O -10. Date deceased last worked at	11. Total time (years)		
KEST KG INI AGE SI that it	this occupation (month and year)	spent in this occupation		
T PO T	alegant		Other Contributory Causes of importance:	
NDI A	12. BIRTHPLACE (city or town) (State or country)	and sol.	Palummin Bunch	- 1/4/3
NFADING plied. AGI	W 13. NAME Down	1 Cmbest		
	13. NAME owo 14. BIRTHPLACE (city or town) F. (State or country)	an plin	Name of operation Da	ate of
H L Y Su ain t	(State or country)	V Van	6 0.14	nere an autopsy?
werefully in pla	15. MAIDEN NAME Man	Combert	23. If death was due to external causes (VIOL ENCE) fill in also the f	following:
INLY, W be carefu	16. BIRTHPLACE (city or town)	Lamplein.	Accident, sulcide, or homicide? Date of Injury	, 19
INLY be ca EATH	∑ (State or country)	/ /ax	Where did Injury occur?	
AINLY, Id be call DEATH	17. INFORMANT Alastrall	Jumplest .	(Specify city or town, county Specify whether Injory occurred in INDUSTRY, in HOME, or in PUB	and State) SLIC PLACE.
E PLA should OF D	(Address) nester	whot ma		
	18. BURIAL, CREMATION, OR REMOVAL	2	Manner of injury	
WRITE NATION STAUSE	Place S. M	Date 192 , 192	Nature of injury	
-WRITE mation s CAUSE	19. UNDERTAKER J.S. B	ndle	24. Wes disease or injury In any way related to occupation of decea	sed?ww
	(Address) Banton	mdel	If so, specify	
i :	20. FILED Jane: 5, 1932- 0	Caymoteken/	(Signed)	L 1410 M. D
(2)	0	Registrar.	(Address)	r un
3 0 /	If mo	TE DIANES are needed, address Mate Redistrat.	24 T IN I hariet Street Baltimore Requestion 41. V. No. T.	

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Chronic interstitial nephritis V. S.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE FO	R FURTHEI	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	00045
PLACE OF DEATH	STATE OF MARYLAND
County allegacy	CERTIFICATE OF DEATH
Ai C	Registration Dist. No. 12
Village or City Glunck (No	St: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1922 to Min 7 , 1923 that I last saw h after on 7 , 1923
yrsds. ormin.?	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work	Spontanemo Cibalian
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosde
(State or country) Inauyland	Contributory Secondary (Durstion)
10 NAME OF Clause fandis	(Signed) MM Corrust M. I.
11 BIRTHPLACE OF FATHER (State or country) W. Va	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Budil Secret	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosd.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Unione mo. Clarence fambio	Former or usual residence
(Address) Fractions. Int A. I. W.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19
Filed gas \$ 1982 Rg Staken	20 UN DERTAKER ADDRESS
1 2.000.000.00	,

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

der leit under "We Unmate" 0/9/3 " authorizing

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimeaning as any laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. household only (not paid Housekeepers who receive a For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) approved by (Recommendations on statement of cause of death "Congenital," "Senile," etc.), "Dropsy, Committee on Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Ully new	Registration Dist. No.
Village or City (Mesaploum	No. St., Ward
Langth of residence in the or town where death occurred yes	death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?
2 FILL NAME Glast Therman	Lelase
(a) Residence: No. Cresafetorm	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR BY VORCED (write the word) Sugar	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIPY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) John 12-1915	I last saw h alive on Per 200 193/ death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER School Boy	Date of onset 12.2.71
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O	· f f stando
12. BIRTHPLACE (city or town) Lidgeley (State or country)	Other Coutributory Causes of importance
14. BIRTHPLACE (city or town) Rawlings	nuch-
14. BIRTHPLACE (city or town) // (awlings)	Name of operation
15. MAIDEN NAME Mae Shook	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town). Cresaptous. (State or country)	Accidant, suicide, or homicide?
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / No Mal Lolane (Address) Creation md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Jan 3, 193:	Manner of injury
19. UNDERTAKER 2. S. Butler	24. Was disease or injury in any way related to occupation of deceased? Notice of the second of the
20. Moder II. 19 // Il neweter Registrat.	(Signad) A Wilson M. D. (Address) / 26 Augus - Cumpulana M
f	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 192	July 5, 1927	Peritonitis	3 days ago	
V TREET V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF D	STATE OF	MAR	YLAND-	CERTIFICATE C	OF DEATH	6	0047
County A7	lagony		SPORATI	(108)	Registration Dist. No		4
Village or City_	EATH Legany Cumberland in city or town where dea	WITHIN	1.00kg	No. 460 Goeth	.0	St.,	4 Ward
Length ol residence	in city or town where dea	th occurred	yrsmos	ds. How long in U.S. il ol			
2. FULL NAME (a) Residence: I	Mary El	Lizabe	th Lindne		If nonresident give city	or lown and	State
PERSONAL	AND STATISTIC	AL PART	ICULARS	MEDICAL CE	RTIFICATE OF	DEATH	
Female 4.	White	or DIVORCE	RRIED. WIDOWED. ED (write the word) ETTIED	21. DATE OF DEATH	January (Month) (Di		2 ., 193 (Year)
5a. II married, widowed, o HUSBAND of (or) WIFE of	r divorcad Frank Lir	ndner		22. San, 6.	CERTIFY Tha	-	
6 DATE OF RIPTH (mon	th, day, and year) NOT	7. 8.	1896	I ask saw her alive on	Jan (/11	19 32	_; death is said
7. AGE Years 34.	Months 2	Days	If LESS than I day,hrs. ormin.	to have occurred on the data stated The PRINCIPAL CAUSE OF DEATH			
8. Trada, profession	or particular dona, as SPINNER,			Lobar p	neumor	ra	Date of onset
SAWYER, BOO 9. Industry or busin work was don	OKKEEPER, etc.	usewi:	18	-			
SAW MILL, Bi	st worked at n (month and	sp:	time (years) ent in this upation				
12. BIRTHPLACE (city or (State or country)	town) Md •			Other Coutributory Causes of Impor	tance:		7-8-7
1 477	pert Chisol	m		and the	y cours		1
13. NAME A 1				Name of oberation	none	Oata of	
	Anna Will	nelm		What test confirmed diagnosis? 23. If death was due to external caus			
15. MAIOEN NAME Anna Wilhelm 16. BIRTHPLACE (city or town) Md. (State or country)			Accident, suicide, or homicide? Where did injury occur?				
	rank Lindne Cumberland			Specify whether injury occurred in	(Specify city or town, or INOUSTRY, In HOME, or I		
18. BURIAL, CREMATION,		,	3, 19 32	Manner ol injury			
19. UNDERTAKER	Louis Steir Cumberland		•	24. Was disease or injury in any wa		deceased?	No
20 Fre an 1 3	3,1032. Ha	wey)	HUlerson Registrar	(Signed)(Address)	n Hodge	ud 1	red. M. D.

If more blanks are seeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
FEO 5-1902				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
To the Road No. 2000	May 1,1923		auses of importance:	
May 1,1923 Ga	Ga	stroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING TH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor- ly supplied. AGE should be stated EXACTLY. PHYSICIANS should state lain terms, so that it may be properly classified. Exact statement of OCCUPA- See instructions on back of certificate.	1. PLACE
# P 2	County.
shou of O	Village
NS NS	Langth o
Eve IIA me	2. FULL
CORD. Every item of i PHYSICIANS should ct statement of OCCU	(a) Res
THE T	PERS
xa E	3. SEX
L N H	2-1
C NI S	5a. If married, v
WRITE PLATULY, WITH UNFADING INK—THIS IS A PERMANENT Reation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ETION is very important. See instructions on back of certificate.	5a. If married, v HUSBANO (or) WIFE
S X S	
PE BJ	6. DATE OF BIE
R A Led	7. AGE
FO IS sta sta pro ert	
Te e	Z 8. Trade, 1
E Hade	SAV
RV ould	10W
Short I	S 10. Oata da
MARGIN RESERVED FOR BI H UNFADING INK—THIS IS A PEI v supplied. AGE should be stated E sin terms, so that it may be properly See instructions on back of certificate.	10. Oata da this
NG AC AC ion ion	
IN IIN IIN IIN IIN IIN IIN IIN IIN IIN	12. BIRTHPLAC
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car H ort	0 16. BIRTHP
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PLAINLY, Ould be care OF DEATH in	17. INFORMANT
Pr.	(Addras 18. BURIAL, CRI
E C is	Place
N. B.—WRITE PLAINLY, WITH UNFAL mation should be carefully supplied. CAUSE OF DEATH in plain terms, it is very important. See instructions	Place
-W nat	19. UNOERTAKE
No.	(Addras
N. B.—	20. FILED
> Z	7

STATE OF MARYLAND—	CERTIFICATE OF DEATH 60048
1. PLACE OF DEATH,	(82-a) IMITS
County Mlegany.	IN CORPORATE LIMITS Registration Dist. No.
Village or City Samberland WITH	No. 20 Rodging Junes 5 Ward
Langth of residence in city or town where death of the city of town where death of the city of the city of town where death of the city of	death occurred in a hospital or institution, give NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Called the state of the state o	ds. now long in 0.3.11 of long biltin:
2. FULL NAME TO AND ON AND	say
(a) Residence: No. (Usual place (Vabode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH Pare: 3
male White private the word	(Month) (Day) (Year)
5a. If married, widowad, or divorced	
HUSBANO of Oda M Wintman	22. HEREDY CERTIFY, That I attended accessed from
6. DATE OF BIRTH (month, day, and year) (Del 2 1873	i last raw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
58 3 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
Trade profession or particular	Gudden death Oate of onset
SAWYER, BOOKKEEPER, atc	Probably apoplepy,
9-Industry or business in which work was done, as SILK MILL, BX & D Ry	
U 10. Oata dacaasad jast workad at 11. Total time (Cars)	
this occupation (month and spant in this year) occupation .	00-0-0-0
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Herry Yerry	
13. NAME It all Imaging	
13. NAME III IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Name of operation Oata of Oata of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy? Lor.
15. MAIOEN NAME Jame Jamo	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (etty or town)	Accidant, suicida, or homlolda? Date of injury, 19
(State of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT And John Lines (Addrass)	Spacify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Drewning 650 1/5 , 1937	Natura of injury
19. UNGERTAKER Lomo Stim me.	24. Was disease or injury In any way related to occupation of deceased?
(Addrass) Cumboland Md	If so, spacify
20. FILEDAN. 5, 1932 Have Hille	(Signed) (Signed) M.D.
Registrar.	(Address) Lumber
If more blanks are needed address State Registrar	241 N Charles Street Baltimore Paguating 71 S No v

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis LEGENES	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 5 1932	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH 60049
nll a	CORPORATE LIMITS Registration Dist. No.
County Melegany.	CORPORA Registration Dist. No.
Village or City Charles WITHIT	No. 13 Ward death occurred in a hospital or institution, or its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	Pl
2. FULL NAME William & force	hisomastra
(a) Residence: No. 13 Lama Ph	2 at 4-2 VIII d
(Usual face of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Jan. 25 , 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
04 11 .00	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) + 15-1887	I last saw h; death is sald
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, atm.
44 11 9 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular	acute alcoholic
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Poissning-
A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year) year)	
01.1.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
The state of the s	
13. NAME Of The Strange of The Stran	
4. BIRTHPLACE (city of town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 21 15. MAIDEN NA	23. If death wes due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whera did injury occur?
17. INFORMANT The Stiller James (Address) 74 h	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. PARTIE DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE	Menner of injury
Place Wheeling W. M. Data from 26, 1932	Natura of injury
19. UNDERTAKE LOUIS Stein In	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
Jan 26 32 Harrist 15.	(Signed) Harvey Hilless A Tomber
20. FILED Registrar.	(Address) I have berland
If more blanks are needed, address State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis FFR 5 1039	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66(50)
1. PLACE OF DEATH	TOBATE LIMITA
County Alighuy	HIN CORPORATE 107-a Registration Dist. No. 4
Village or City while the	NoSt., Ward
(If Length of residence in city or town where death occurredmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds.
2. FULL NAME It Phert Harriso	- Turas
(a) Residence: No.344 Frederich	St., 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Etta May Leucas	22. I HEREBY CERTIFY, That I attended deceased from
7.1 22. 1807	Hast saw h Live on 1932, to 1932 death is said
6. DATE OF BIRTH (month, day, end year) 10 8 17. AGE Yeers Months Oays If LESS than	hast saw has alive on the date stated above, at 2:40 m.
44 10 213 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
L 9 Trade profession or particular	73 muchofuer one
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9.4 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	1 8.93
9. And ustry or business in which work was done, as SILK MILL, BANK, etc	
20. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Belaise	Other Contributory Causes of importance:
(State or country) Ohw	
13. NAME John Lucas	
13. NAME John Lucus 14. BIRTHPLA(E/city or town)	Name of operation Oete of
(State of country)	What test confirmed diagnosis? Was there an autopsy? - Was there an autopsy?
15. MAIOEN NAME Pullie Byllett	23. If death wes due to external ocuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Jaw Paw (State or country)	Accident, suicide, or homicide?, 19, 19, 19
Mar Eth Mar Erres	(Specify city or town, county and State)
(Address) 3 44 Frederick St Cut	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CAEMATION, OR REMOVAL	Menner of injury
Place Summer Clin Oate Jan 1/, 193	Nature of injury
19. UNDERTAKER J. S. Butter	24. Was disease or Injury in any way related to occupation of deceesed?
(Address) Cumbuland Md	If so, specify
20. FILEDJan- 16, 1932. Harvey H. Weis	(Signed) florage C. Hollowa M. D.
Registrar.	(Address) 6.143- House St.

If more blanks are legiled, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FED 5 1982			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
,			

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AMERICA TO V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	L		

4 te 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
infor- state UPA-	1. PLACE OF DEATH	161-d	
of Ed O	County Milgany	Registration Dist. No. 6	
item of should of OCC	Village Dr City Wales of Ort	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
~ W +	Langth of residence in city or town where death occurredyrs		
CORD. Every PHYSICIANS oct statement	2. FULL NAME Daby McColors	<u> </u>	
	(a) Residence: No.	St., Ward.	
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
ES	Planete ukili OR DIVORCED (write Whe word)	(Month) (Day) (Year)	
IDING MANEN A C T L assifted.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. , I HEREBY CERTIFY. That I attended deceased from	
C 4 1 ss	(or) WIFE of	Jan 23 ,1932, 10 Jan 23 ,1932	
BINI PERM EXA Iy cla	6. DATE OF BIRTH (month, day, end sear an I 6/19321)	I last saw h . Y alive on Jon 23 , 1932; death is said	
	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at _ 5: \(\frac{5}{2} \) \(\frac{7}{2} \) _m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
FOR IS A Estated properlifica	or Zed _min.	were as follows:	
- 70	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	afterine asphyxia	
RESERVED G INK—THIS GE should be that it may be ons on back of	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date decessed last worked at this occupation (month and		
INK—T should t it may on back	SAW MILL, BANK, etc		
RES VG D AGE that ons o	this occupation (month and spent in this year)	Olay Contribute Contribute	
2 4 - 3	12. BIRTHPLACE (city or town) Malyland	Other Coutributery Causes of importance:	
MARGIN UNFADI supplied. n terms, so	(State or country)		
	13. NAME Gryan Mc Cloud		
03 ==	14. BIRTHPLACE (city or town) 00, 00, 1	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?	
	15. MAIOEN NAME Mary Selfacides	23. If death was due to external causes (VIOLENCE) fill in also the following:	
INLY, W be carefu EATH in 1	15. MAIOEN NAME Mary Selfacedes 16. BIRTHPLACE (city er town) Duly (State or country)	Accident, sulcide, or homicide?Oate of injury, 19	
AINLY, d be car DEATH	(State or country)	Where did Injury occur?(Specify city or town, county and State)	
	17. INFORMANT Dry and Me Claves	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
PLA Should OF D	18. BURIAL, CREMATIDA, OR REMOVAL	Manner of injury	
	Plece Philo Cameling Oate Jan 26, 1002	Neture of injury	
WRITH mation CAUSE TION is	19. UNOERTAKER W. A Fredlick 1	24. Was disease er injury in any way related to occupation of deceased?	
B. No.	(Address) (redmore William	If so, specify	
oi z	20, FILEO M. V. J., 19-3 V. J. J. J. J. Resistrar.	(Signed) Piedmodix (a) Vo	
(<)		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I		Example II	
The principal cause of death and related of importance were as follows:	(auses) Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEE 0 10	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	V. S. July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importances		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Date of onset

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
3.		0 0
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

4.4	e ;	STATE OF MARYLAND—	CERTIFICATE OF DEATH (1054
infor	OCCUPA.	1. PLACE OF PEATH	(B) LIMITS
	CC	County County	Registration Disty No.
item of	of o	Village or City & Smitheland (If	No
1) 29	•	Length of residence in city or town where death occurredPusmos	ds. How long in U.S. it of foreign birth?
D. Every	statement	2. FULL NAME JULAUT ME Dermo	ell
D. 1	sic	(a) Residence: No. Mt. Savage, Md.	St., Ward.
ECORD.	- 1	(Usual place of abode)	If nonresident give city or town and State
- S	Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
TG ENT	٠.	Male (White OR DIVORCED (write Mye word)	(Month) (Day) , 193 (Year)
	assified	5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY. That I attended deceased from
D A		(or) WIFE of	Jan 1 (1932, to Jan / (193)
BIL		6. DATE OF BIRTH (month, day, and year)	I last saw h Au alive on State 1 193 death is sai
- File	ed fica	7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
FOR IS A	stated E properly certificate	5 hours or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	be be p	8. Trade, p:ofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Part Rit
回用:		SAWYER, BOOKKEEPER, etc.	Mrem ours WANA
IR.	hould t may back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
RESERVED G INK_THIS	S H	U 10. Date deceased last worked at this occupation (month and spent in this	
RE	that ons	yaar) occupation	Other Contributory Causes of Importance:
Z	oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Omnor Suland	
ARGIN	ms, stru	(State or country)	
AE	supplied n terms, ee instri		
	·= 00	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of Was thera an autopsy?
	it i	15. MAIDEN NAME Pauline Farrell	23. If death was due to external causes (VIOLENCE) fill in also the following:
	be carefully EATH in pla important.	15. MAIDEN NAME Auffre farrell 16. BIRTHPLACE (city or town) The farrell (State or country)	Accidant, sulcide, or homicide?
Ē	be carri	(State or country)	Where did injury occur?
	hould be car OF DEATH very import	17. INFORMANT (All Jalls - Ale Alermott) (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
-	760	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-	_ P · P	Place Mr. Savagle, Date Jan. 18, 19 30	Nature of injury
WRITE	mation s CAUSE TION is	19. UNDERTAKER De Stales In C dermote	24. Was disease or injury in any way related to occupation of deceased?
B.		(Address) mx. davage, md	If so, specify (Signed) A STATALL M.
» Z	7	20. FILED A. 18., 19.3 2- Hallvey Halls Registrar.	(Address) and Javage Mag
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis.	1921	Run ofer by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 5 1832			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1,	

BINDING

FOR

MARGIN RESERVED

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	Example I	-	Example II	
The principal cause of of importance were as	Example I death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FEE 2 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DUMBAU V.S.	July 5, 1927	Peritonitis	3 days ago
		.)		
Other contributory cau	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			5	

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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S.

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CE OF DEATH	STATE OF MARYLAND
allegans.	CERTIFICATE OF DEATH
	Registration Dist. No.
FULL NAME Isabel MCK	6 W. Main St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WHOOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Society 105 2 (Month) 29 (Day) 193 2(Year)
Oct 155, 1854 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 2, that Hest sew here alive on Jun 28, 192 2,
[If LESS than	and that death occurred on the date stated above, at 240/m.
77 yrs. 3 mos. 28 ds. or min.?	The CAUSE OF DEATH * was as follows:
profession or House Wife	Chronic Interstitial apphitis
I nature of industry r establishment in loyed or (employer)	Premioning (Duration) yrs mos de,
ce country) In d	Contributory Secondary Secondary
ER Jadia McKensie	(Signed) Auus M. D.
TPLACE THER e or country) Md	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
EN NAME Harrett Garlitz	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
HPLACE OTHER e or Country)	At place of death yrs mos ds.
/E IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
ant) Hrs Stanley Wars	Former or usual residence
ddress) / Trostbusy	Stann Cem. Febry 1,132
30 1922 DT MOME and	20 UNDERTAKER ADDRESS TANDOUTS.
	16/W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. especially in industrial employments, it is neces-For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Ethaustion," "Heart lauure,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—I

STATE OF MARYLAND	CERTIFICATE OF DEATH 00000
1. PLACE OF DEATH	me of the second
County allegand	Registration Dist. No.
Village or City Batton Ind	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred \$1 yrs. 3 _mos.	12
2. FULL NAME William beforeson men	<u></u>
(a) Residence: No. Batter and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 6 1932 (Year)
is If married, widowed, or divoted HUSBAND of (or) WIFE of any Poland not	22. I HEREBY CERTIFY. That I attended deceased from January 1932 to Law 622 1932
B. DATE OF BIRTH (month, day, and year)	Hast saw him alive on y cun 3 , 1972; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et Z a_m.
81 3 13 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Mind of Work done, as SPIN	Obrana Bandada
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	unkum
10. Date deceased last worked at this occupation (month and 23 yr. spant in this year) spant in this use occupation.	
12. BIRTHPLACE (city or town) Barton (Stata or country) maryland	Other Coatributery Causes of importance:
1 13. NAME (SOAAS) mile	
14. BIRTHPLACE (city or town) The Rouse (State or country)	Name of operation
15. MAIDEN NAME (1 same taken)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Garrett County	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country) maryland	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Seffension Wilh (Address) Bacton ma	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR/REMOVAL Place Saucel Hell Cemetere Date Land 18 8 1952	Manner of injury
A. I A	Nature of injury
19. UNDERTAKER A a to Company (Address) Barton Bra	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Lan 7 1932 Oa Boucher	(Signed) S. W. B. Swither M. D.
Registrar.	(Address) Bartin Mid

111.50

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ExampleCEIVE		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Cerebral bemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S BY PHYSICIAN
'S BY PHYSICIA

or- arte A.	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	(75)
or of j	County allemann,	IN CORPORATE LIMITS Registration Dist, No.
item of should	Village or City Land Halland	No. 1004 And War death occurred in a hospital or institution, are its NAME instead of sect and number)
~ CD	Length of residence In city or town where death occurred	
Every CIANS tement	2. FULL NAME William & In	ronly
CORD. PHYSI et stat	(a) Residence: No. 10 U 4 Gradul place of abode)	If nonresident give city or town and State
PF PF act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Curitie the word)	21. DATE OF DEATH Que J3 1933.
NEN CTI iffed.	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
MAN) A C (a C (a ssift)	(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fro
EXX	6. DATE OF BIRTH (month, day, and year)	last saw h alive on 10 73, 19 5 1-death is sa
od erly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
IS A PE stated E properly certificate	about 37 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
70	8. Trade, profession, or particular kind of work done, as SPINNER.	Date of onse
HIS HE Pe	SAWYER BOOKKEEPER, etc.	A A
K—T ould may back	9AIndustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cuy Clico kil
Sh Sh E	10. Date deceased last worked at this occupation (month and spant in this	Poison
	year) occupation	
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town). And Sank ge	Other Coutributory Causes of importance:
AD 'AD ed. S, S	(State or country)	
UNFA supplied n terms, ee instru	13. NAME Andrew Antrey. 14. BIRTHPLACE (city or town).	
A D H +	4. BIRTHPLACE (city or town)	Name of operation Date of
	(State of country)	What test confirmed diagnosis? Was there an aulopsy?
carefully H in pla	16. BIRTHPLACE (effy or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
Y, car TH	0 16. BIRTHPLACE (effy or town)	Accident, suicide, or homicide? Date of injury, 19
INE be SAT mp	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Andrew Chomeny.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address)	
E Si	Place St Tatucko (some) 1/26 1937	Manner of injury
-WRITE mation s CAUSE TION is	4	Nature of injury
CAM	19. UNDERTAKER AMOS Mys. J. M. (Address)	24. Was disease or injury in any way related to occupation of deceased?
m	(A) F) O H	If so, specify
(2)	20, FILED Jan. 25, 19 32. Marvey Te Color	(Signed) M. M. (Address) (Messelves) M.
0		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	, martin diale Registrat,	-4. 1. Country Office, Dammorey Acquening 'O. 3. 140. 1,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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· 9.—The industry or business in which the work was done.

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	Example I		Example II			
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset		
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	FEB 2 1835	July 5,1927	Peritonitis	3 days ago		
	BUREAU V.S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

state infor 1. PLACE OF DEATH RPORATE LIMITS should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred statement How long in U.S. if of foreign birth? ______yrs. _____mos. ____ds. CORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 3. SEX-4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT (Month) BINDING classified 5a. If married, widowed, or divorced HUSBANO of 22. I HEREBY CERTIFOY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) I last sa 7. AGE Months If LESS than FOR **Oavs** to have occurred on the date stated above, at, The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: 8. Trade, protession, or particular OCCUPATION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... Jo may back 9. Industry or business in which pluods work was done, as SILK MILL SAW MILL, BANK, etc.... no 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this year) _____ instructions occupation_ Other Contributory Causes of importance MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain Name of operation. (State or country) carefully What test confirmed diagnosis?_ ----- Was there an autopsy?____ MOTHER important. 15. MAIOEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH Accident, suicide, or homicide?______ Oate of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) plnous Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. very (Address) 18. BURIAL, CREMATION WRITE Manner of Injury AUSE mation NOIL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

Registrar.

If more blanks are seeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Oate of onset

(Oay)

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Terebral hemorrhage		Peritonitis	3 days ago	
	BURDAU-Yes-				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

infor- state UPA-				F MAR	YLAND—	CERTIFICATE OF DEATH	061	
	1. PLACE O					ORPORATE LIMITS (57-c) Registration Dist. No. No. Memorial Hospital	1	
itempof should of OCC	Village or (Alle	gany, umberl	and. Md.	WITHIN-G	No. Memorial Hospital	6-1 Ward	
		,			(If	death occurred in a hospital or institution, give its NAME instead of street and	number)	
Every CIANS tement			D O	leath occurred	yrs,mos	ds. How long in U. S. If of foreign birth?yrs	mosds	
RD. Every YSICIANS statemen <u>t</u>	2. FULL NA		212 G	meen St.	own	Ch Ward		
	(a) Residence: No. ZIZ CIPE en St., (Usual place of abode)					St., _ Ward. If nonresident give city or town as	nd State	
rECO Freco Exact				CAL PARTI		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH		
ES.	3. SEX Male	4. COLOR		OR DIVORCE	RIED, WIDOWED.) (write the word) 1 ngle	January 2,	, 193 2 a (Year)	
AN A C A C ssife	5a. If married, widow HUSBANO of (or) WIFE of	ved, or divorce	ed			22. Jan HEREBY CERTIFY, That I ottende	d deceesed from	
HENT.	6. DATE OF BIRTH	(month, day,	and year)	January	1. 1932.	I last saw h um alive on Jan, 1991	death is said	
4 - 7 8		ars	Months	Pays	If LESS than I day,hrs.	to have occurred on the date stated above, atm.		
FOR IS A stated proper ertific					ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset	
- 70	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.					dilecce (Blue Baby)	Ida	
RVE COULD	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spant in this						7	
INK-T Should it may on back				11. Total ti	me (years)			
		upation (monte		occu	pation	Other Contributory Courses of importance?	~~ ~~~~~~	
2 4 .=	12. BIRTHPLACE (city or town)					Hailine to close of fore-	1.0	
MARGIN I UNFADI supplied. n terms, so	Win was Molgon Mowny					same over	- Icay	
MARGI WITH UNFA efully supplied in plain terms, ant. See instri	14. BIRTHPLAC		n)			Name of operation Acoust Date of		
It It	(State or country) Maryland 15. MAIOEN NAME Mary Robertson, 16. BIRTHPLACE (city or town) Maryland					What test confirmed diagnosis? Hammel Was there en	autopsy?	
INLY, WITH be carefully EATH in plai						23. If death wes due to external causes (VIOLENCE) fill in also the following		
car TH port	16. BIRTHPLACE (city or town) Waryland,					Accident, suicide, or homicide? Date of Injury Where did injury occur	, 19	
	17. INFORMANT Memorial Hospital, (Address) Cumberland, Md.					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
re sh is v is v is v	18. BURIAL, CREMATION, OR REMOVAL Compate Jan 4 1932				1 4 1037	Manner of injury		
-WRITE mation sl	19. UNOERTAKER	Tomio	Sten	, Ina		24. Wes disease or injury In any way related to occupation of deceased?	no	
No. 1	(Address)	Cs	ms	de	1 ma	If so, specify		
× × ×	20. FILED AN	·H, 19	32. No	went	Registrar.	(Signed) Wy Programme (Address) Cumbral Cond	, Jud.	
	Dr. Hode	508	If more	blanks are needed, a	ddress State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis [E8 5 1932		1921	Run over by street car	1 week ago	
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	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1	1.	6.	0	(1)	
U	U	U	U	2	

Length of residence in city or town where death occurred	1. PLACE OF DEATH	d
Length of residence in city or town where death occurred	County allegans	Registration Dist. No.
Length of residence in city or town where death occurred	Village or City Londoning Md.	No. St, War
(a) Residence: No. 2. April 1 May 1 May 1 May 1 May 1 May 2 May 2 May 2 May 2 May 3 May 2 May 3	(If	
(a) Residence: ND. 20. Attraction May Developed and Complete and Compl	Length of residence in city or town where death occurred/_yrs,mos	ds. How long in U.S. it of foreign birth?yrsmosd
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRED, WIDOWED OR DIVORCED Currice the word) 6. LI married, widowed, or divorced HUSBAND 6. DATE OF BIRTH (month, day, end year) Months Days 1 HERS than 1 day, hrs. Nor. min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 6. MONTHS 10. Date decessed last worked at Work was done, as SILK MILL. 10. Date decessed last worked at Wescaupabion (month and 1921) 11. Total time (year) Spent in this Oscupation 12. BIRTHPLACE (city or town) (State or country) MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) May Country May	2. FULL NAME Juny fee mujers	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRED, WIDOWED OR DIVORCED Currice the word) 6. LI married, widowed, or divorced HUSBAND 6. DATE OF BIRTH (month, day, end year) Months Days 1 HERS than 1 day, hrs. Nor. min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 6. MONTHS 10. Date decessed last worked at Work was done, as SILK MILL. 10. Date decessed last worked at Wescaupabion (month and 1921) 11. Total time (year) Spent in this Oscupation 12. BIRTHPLACE (city or town) (State or country) MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) May Country May	(a) Recidence. No 30, American Mid Chy	colst Ward
3. SEX 4. COLOR OR RACE OR DIVORCED (whice the word) A Color of RACE OR DIVORCED (which the word) A Color of BRTH (month) A Color of RACE OR DIVORCED (which the word) A Color of BRTH (month) A Color of B	(Usual place of abode)	If nonresident give city or town and State
OR DIVORCED (write the word) Month Day 1932 1 187 1932 19	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
55. If married, widowed, or divorced HUSBAND or Dark of Corp WIFE of C	OR DIVORCED (write the word)	6 ,193 2
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days IT LESS than 1 day, hrs. or min. 9. STANGE Profession, or particular kind of work done, as SPINNER, Control of the work was done, as SPINNER, Control of the work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Distributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Many Control of the work was done, as SILK MILL, SAW MILL, BANK, etc. 13. NAME 14. BIRTHPLACE (city or town) (State or country) Many Control of the work was done, as SILK MILL, SAW MILL, BANK, etc. 14. BIRTHPLACE (city or town) (State or country) Many Control of the work was done, as SILK MILL, SAW MILL, BANK, etc. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Many Control of the work was done, as SILK MILL, SAW MILL, BANK, etc. 16. BIRTHPLACE (city or town) (State or country) Many Control of the work was done, as the following: Accident, suicide, or homicide? Date of Injury Mere did Injury occurr? (Specify city or town, country and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	Sa. If married, widowed, or divorced	
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The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, Carbantes 8. Trade, profession, or particular kind of work done, as SPINNER, Carbantes 10. Date deceased lest worked at the occupation work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased lest worked at this occupation (month and 1928) 11. Total time (years) spent in this year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANY (Address) 18. Trade, profession, or particular law, hrs. 19. Date of operation. 10. Date deceased lest worked at the occupation of the date stated above, at /2. The Related causes of Importance were as follows: Chranica Musicular Musicular Musicular Magnetics Chranica Musicular Musicular Musicular Magnetics Chranica Musicular Musicular Magnetics Chranica Musicular Musicular Musicular Magnetics Chranica Musicular Musicular Musicular Magnetics Chranica Musicular Musicular Musicular Magnetics Chranica Musicular Musicular Musicular Magnetics Chranica Musicular Musicular Musicular Magnetics Chranica Musicular Musicular Musicular Magnetics Chranica Musicular Musicular Musicular Musicular Musicular Musicular Magnetics Chranica Musicular M		110
8. Trade, profession, or particular kind of work done, as SPINNER, Carpetter 8. Trade, profession, or particular kind of work done, as SPINNER, Carpetter 8. Affective done, as SPINNER, Carpetter 8. Affective done, as SPINNER, Carpetter 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANY (Address) 18. Trade, profession, or particular min. 18. Arabete of work done, as SILK MILL, SAW MILL, BANK, etc. 19. Chracic Musical Musical Accident, as Industry Chracic Musical Musical Accident, as Industry Chracic Musical Musical Accident, suicide, or homicide? Date of Impure Country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANY (Address)	6. DATE OF BIRTH (month, day, end year) 1440. 28 1869	I last saw h un alive on Jan 1932, death is sa
8. Trade, profession, or particular kind of work done, as SPINNER Carbenter SAWYER, BDOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) SIRTHPLACE (city or town) (State or country) Table 14. BIRTHPLACE (city or town) (State or country) The state of country) The state of country The state of countr		
8. Trade, profession, or particular kind of work done, as SPINNER, Carberter Chronic Juxes Litial Meghints SAWYER, BDOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and 1928 11. Total time (years) spent in this occupation (month and 1928 12. BIRTHPLACE (city or town). (State or country) May December 14. BIRTHPLACE (city or town) Button (State or country) May December 14. BIRTHPLACE (city or town) Button (State or country) What test confirmed diagnosis? Date of Injury. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Lower and State) State or country) Where did Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.		ware on follows:
Describitory Causes of importance: Describitory Causes of importance: Cau	8 Trade profession or particular	- Date close
Describitory Causes of importance: Describitory Causes of importance: Cau	kind of work done, as SPINNER, Carpenter	Chronic luterstitial.
Descributory Causes of importance: Describatory Causes of importance:	Industry or business in which	nephutis
Descributory Causes of importance: Describatory Causes of importance:	work was done, as SILK MILL, SAW MILL, BANK, etc	
Describitory Causes of importance: Describitory Causes of importance:	10. Date deceased lest worked at 11. Total time (years)	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country) 16. BIRTHPLACE (city or town) (State or country) (State or country) Mame of operation What test confirmed diagnosis? 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether Injury occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.		Discourage of the second
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country) 17. INFORMANT (Address) 18. MAME 18. Date of Name of operation Nam	12 BIDTUDI ACE (city or town) Batton	Viner Contributory Causes of Importance:
What test confirmed diagnosis? Use Was there an autopsy? In the state of the state		Dogardon Superio
What test confirmed diagnosis? Use Was there an autopsy? In the state of the state	13. NAME L. AL. M. L. A.	
What test confirmed diagnosis? Use Was there an autopsy? In the state of the state	The state of the s	Name of averaging Marie O
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIDEN NAME 19. Date of Injury (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	(State or country)	. Xuano av
(Specify city or town, country and State) 17. INFORMANT COMMENT OF THE PUBLIC PLACE. (Address) (Address)		
(Specify city or town, country and State) 17. INFORMANY LOS FAM WINGSTERY, In HOME, or In PUBLIC PLACE. (Address)	13. MAIDEN WAME Just Auckinstill	
(Specify city or town, country and State) 17. INFORMANY LOS FAM WINGSTERY, In HOME, or In PUBLIC PLACE. (Address)	16. BIRTHPLACE (city or town) Language	
17. INFORMANT CO TO SPECIFY whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)	(State or country)	
18 BIIDIAI CREMATION OF REMOVAL		Specify whether Injury occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place assel Well Cemetry Date Jan. 9 , 1932 Nature of injury	Place aurel Hell Cemetry Date Jan. 9 , 1932	Nature of injury
A ' 1 B. D. 24 Was disease or injury in any way related to conjunction of deceased? Medicals	A 118.0	V. /
19. UNDERTAKER Nand X 1 Coff (Address) (Addres		
1 land 1 land	The total of the state of the s	1 / / / / / / / / / / / / / / / / / / /
20. FILED Jan. 8. 1932. E. Wow Jaylor (Signed) & Fast Mous Fronther	20, FILED Jan. 8, 195 d. C. Won Jaylor	1250 - 10 - 3 - 11

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	mple I		Example II		
The principal cause of death of importance were as follow	and related causes	Date of ouset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	EED	1915	Attack of epilepsy	1 week ogo	
Chronic interstitial nephritis	1932	1921	Run over by street car	1 week ogo	
Cerebrol hemorrhage	TREADY	July 5, 1927	Peritonitis	3 days ago	
		3			
Other contributory causes o	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

7 5 7	STATE OF MARYLAN	ID—CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	
	County allegany	Registration Dist. No. 9
	Village or City Gostfrung Ind.	No. Minero Doefertal Frostbury St., War
	Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or inditution, give its NAME instead of street and number) 3. mosds. How long in U.S. N of foreign birth?
Every CIANS ement	2. FULL NAME Jennett Cook new	1)
	(a) Residence: No Littsburg Pa	St. Ward.
CORD. PHYSI	(a) Residence. No. 1905 (a) Sual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULAR	
EX.	2. SEX 4. COLOR OR RACE OR DIVORCED (write the	Web, word) 21. DATE OF DEATH (Month) (Day) (Year)
DIN A C A S assifi	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David C, reelson	22. Law HERS BY CERTIFY. That I attended deceased fro
	6. DATE OF BIRTH (month, day, and year) OH 16-1867	Flest saw her alive on au 157 4 132 deeth is sa
T T E	7. AGE Years Months Days If LES	
FOR IS A stated proper	64 10 29 1day, or or or or or or or or or or or or or	min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 10	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate decased last worked at this occupation (month and all this occupation to this occupation (month and all this occupation this occupation (month and all this occupation (month and all this occupation (month and all this occupation (month and all this occupation (month and all this occupation (month and all this occupation (month and all this occupation (month and all this occupation (month and all this occupation (month and all this occupation (month and all this occupation).	Leaves Melletus
RVI COULD	9. Industry or business In which work was done, es SILK MILL, SAW MILL, BÄNK, etc	
RESERVED G INK—THI GE should be that it may be ons on back of	SAW MILL, BANK, etc. 100 Oate deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation occupation.	
RES IN AGE that that ons o	this occupation (month and y y spent in this occupation	
Z 4 - 3	12. BIRTHPLACE (city or town) Scattand	Other Contributery Causes of importance:
ARGIN UNFADI pplied. terms, so instruct	(State or country)	Jangrene of Jool
MARGI UNFA supplied n terms, ee instru	13. NAME James Cook	
M H H su in See	13. NAME James Cook 14. BIRTHPLACE (city or town) - Settland (Stete or country) Settland	Name of operation Oate of What test confirmed diagnosis? UTITU Wes there an autopsy?
W.F. efull in p ant.	# 15. MAIDEN NAME margaret Midtrala	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
carefully CH in pla	15. MAIDEN NAME margaret Hadrial	Accident, suleide, or homicide? Date of injury, 19
AINLY, Wrld be careful DEATH in p	(State or country) Scotlant	Where did Injury occur? (Specify city or town, county and State)
E PLAI Should OF DE	(Address) Firstburg Ind.	Specify whether Injury occurred In IMOUSTRY, in HOME, or in PUBLIC PLACE.
一一四一日	18. BURIAL, CREMATION, OR REMOVAL Place Allegary energy Date for 17	Manner of injury
-WRITE mation s CAUSE TION is	Place Williamy teneral Date for	Nature of Injury
T FOR	19. UNDERTAKER And S. (Address) / Barton / hd.	24. Was disease or injury in any way retated to occupation of deceased?
S. No.	1/15 and to mo Pani	(Signed)
> ×(\)	20. FILED , 19.377 Res	istrar. (Address) Just burg Md
	If more blanks are needed, address State	Registrar, 2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Examp	ole I		Example II		
The principal cause of death and of importance were as follows: Arterioselerosis	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Allack of epilepsy	CHEST	
	ECO : 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1. 1. 1.1.12	July 5,1927	Peritonitis	3 days ago	
BI					
Other contributory causes of in	mportance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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OCCUPA

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Example I		Example II		
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Chronic interstitial nephritis EB 5 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	YSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA-H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B. WRITE PLAINLY, W.

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
Village or City Cumberland	Registration Dist. No. No. Alleyhy Hospital St., 4 War
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign hirth?
2. FULL NAME Mary E. Coline (a) Residence: No. 3 2 4 / Enrichy (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. 14-married, widowed, or divorced HUGBAND-of (or)-WHEE-of Profus fliver	22. I HEREBY CERTIEY. That I attended deceased fr
5. DATE OF BIRTH (month, day, and year) — 86. 7. AGE Year Months Days If LESS Ihan	to have occurred on the data stated abova, at
8. Trade, spitession, or particular king of work dona, as SPINNER, House duty	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one Date of one
Rinu of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this	I Ingrinal Wirning
2. BIRTHPLACE (city or town) Pallings (State or country)	Olher/Caatributary Caases of importance:
13. NAME Don't / Crow	,
14. BIRTHPLACE (city or town) (C	Name of operation) all multimy Date of 1-11-3 What test confirmed diagnosis? Marillan Was there are autopsy? M
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
7. INFORMANT MAS Blena Heaplin (Address) 224 Physical Capture	Whare did injury occur? (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION OR REMOVAL Com. Date Jan 16, 1932	Manner of injury
19. UNDERTAKER 5. S. Vantler (Address) Charlesland 2014	24. Was disease or injury in any way related to occupation of deceased? MV
20. FILEDJAN. 15, 1902, Harvey H. Weres	(Signed) (Address) 12 Pllfum II Vily 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ed causes Date of onset
1 week ago
1 week ago
3 days ago
e:
1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

V. S. No. 1

e i te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6666
state UPA-	1. PLACE OF DEATH	93-C
- 5	County allegans	Registration Dist. No.
should of OCC	Village or City Spulfeland WITH	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in cita or town where death occurredyrs,mos	
IAI eme	2. FULL NAME John A. Nau	
PHYSICIANS act statement	(a) Residence: No. 360 Bedford (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
>	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR SHORED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
X A C T L	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maryacet M.	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Dage 6 1855	I last saw here alive on less 10 16 1932; death is said
d E	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et long
stated E properly certificate	75 / 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be of	8. Trade, profession, or particular kind of work done, as SPINNER, Carfeules SAWYER, BOOKKEEPER, etc.	Chronic Bypearbelia
nay back	A Industry or business in which work was done, as SILK MILL,	
sh it it	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Hadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month end 11. Total time (years) spant in this	
oplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
se	12. BIRTHPLACE (city or town) (State or county)	
supplied n terms, ee instri	13. NAME John a Paul	
= -	14. BIRTHPLACE (city or town)	Name of operation Date of
- = 00	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
efully in pla ant.	15. MAIDEN NAME Trangaset Poly	23. If death was due to external causes (VIOLENCE) fill In elso the following:
	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
ld be car DEATH y import	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Que Care (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
70	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
_ P -=	Place BW Jukes George Mall 191934	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER FOLLIS Haus Jug	24. Was disease or injury in any way related to occupation of deceased?
T	20. FILED an 18, 1932, Harry H. With	(Signed) / access 122 Beoford 86.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Run over by street car	1 week ago
Peritonitis	3 dans ago
	o days ayo
Other contributory causes of importance:	
Gastroenteritis	1 year
	Other contributory causes of importance: Gastroenteritis

V. S. No. 1

STATE OF	MARYLAND-C	ERTIFICATE	OF DEATH
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6	13	12	6	1
U	U	U	U	-

County	F DEATH ALLEGANY	W	ITHIN COM	Registration Dist. No.	
				AT NOTO SPITTAL Was death occurred in a hopital or institution, give its NAME instead of street and number) s. 21 ds. How long in U.S. If of foreign birth?	
	ME_MARY_PEC		Phodo	St., Ward. Meyes dale Pa	
	NAL AND STATIST		CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARK		21. DATE OF DEATH 24' 30 (Day) (Year) (Year)	
5a. If married, wide HUSBANO of (or) WIFE of	wed, or divorced			1 HEREBY CERTIFY. That I attended deceased f	
	(month, day, and year)	UNE 3, IS	925 If LESS than	to have occurred on the date stated above, at 5 40 cm.	
6	17	127	1 day,hrs. ormin.		
SAWYE 9. Industry of work w SAW M 10. Date deced this occ	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc business In which as done, as SILK MILL, ILL, BANK, etc upation (month end	11. Total tii	ne (years) tin this pation	Teclarencia (Typhaid type)	
12. BIRTHPLACE ((State or co	city or town)PENNS] untry)	ZLVANIA		Other Contributory Causes of importance: Market Secondary	
	ALEN R. PECH	<u> </u>		auruin-	
	CE (city or town) PENA or country)	ISYLVAN±	}	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME ADA FIKE 16. BIRTHPLACE (city or town) PENNSYLVANIA (Stato or country)				23. If death was due to externel ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?	
17. INFORMANT (Address)	MEMORIAL H			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	ATION, OR REMOVAL	Date F	1932	Manner of injury	
19. UNDERTAKER (Address)	W. C. Or	iel o	~	24. Was disease or Injury in any wey related to occupetion of deceased?	
20. FILEO an	30,1032.7	aney	Heis Registrar.	(Signed) WWW Sa Cube St	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MAR	YLAND-	CERTIFICATE OF DEATH	668
1. PLACE OF DEATH		46)	- 000
County alleg any		Registration Dist. No. 9	
Village or City Abustburg	1W) 18 0;	No. 41 W 700 St.,	Ward
Length of residence In city or town where death occurred		death occurred in a hospital or institution, give its NAME instead of street and red. How long to U.S. if of foreign birth?	
2. FULL NAME Elis Seth 1	3 1/2:	llit.	
(a) Residence: No. 44 %. ~	10 mars	St. Ward.	
(Usual place		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PART		MEDICAL CERTIFICATE OF DEATH	
Female White OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	lips	22. LIHEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Hurr	7 -184	1 last saw Lev alive on Jan 120 , 1932	; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 11:15 P.m.	
84 2 19	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	26.1	Carcimona	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. todustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	The state of the s	of of	
work was done, as SILK MILL, SAW MILL, BANK, etc.		Survace	
	time (years) ent in this upation		
		Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country) Coffee	d		
I 13. NAME George Sp	eass		
14. BIRTHPLACE (city or town)	1	Name of operation Date of	
(State of Country)	1	What test confirmed diagnosis? Clen Fundary Was there an a	utopsy?
I 15. MAIDEN NAME Unnie of un	sdale	23. If death was due to external causes (VIOLENCE) fill in also the following	:
15. MAIOEN NAME Annie & 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?Oate of injury	, 19
(State or country)	ad	Where did injury occur?(Specify city or town, county and State	e)
17. INFORMANT / Les James Cars (Address)	5-2V	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	10 4	Manner of injury	
Place Ille of charge Colora Dato Te	228,1932	Nature of injury	
19. UNDERTAKER (Address)	X	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 27, 1932 NV 11.0 Y	Name Registrar.	(Signed) The Fame of (Address) Transformed	M. D.
If more blanks are needed,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

BUREAU V. F

To be complete, an occupation return mu	ist state	:
---	-----------	---

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. state the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
distances	May 1,1923	Gastroenteritis	1 year

	stated	proper	of certi
	pe	99	SK 6
-	pinons	it may	son bac
	ACE	that	tion
	N BEvery item of information should be carefully supplied ACE should be stated	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly	statement of OCCUPATION is very important. See instructions on back of certi-
	 m		
	Z		

7. 8. No. 1

	PLACE OF DEATH County allegany M	STATE OF MARYLAND CERTIFICATE OF DEATH
	County (Megany)	
	O I O DO A WITTEN COF	REPORATE LIMITS Registration Dist. No. T
	Village or City Cumberland, Modo	Ward) (If death occurred in a hospital or institu-
nicare	2FULL NAME Still form of	tion, give its NAME instead of street and number.)
000	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
Sack	Nortion White (Write the word)	(Month) (Day) (Year)
UO	6 DATE OF BIRTH	Stillbox 192 . to
Suoi	(Month) (Day) Wear	that I last saw halive on, 192,
non	7 AGE / If LESS than	and that death occured on the date stated above, at
23	H'Olforn I day hrs.	The CAUSE OF DEATH * was as follows:
	s occupation mosds ormin.?	abortion
200	(a) Trade, profession or particular kind of work	
	(b) General nature of industry	
tan	business, or establishment in which employed a (employer)	(Duration) yrs. nos. ds,
100	9 BIRTHPLACE	Contributory
	(State or country)	Secondary
2	10 NAME OF	(Duration) yrs mos ds
\ \	FATHER ROY J. Pelser	(Signed) M. D.
2	OF FATHER	Jan 19 1932 (Address) 126 Janas St., Cumb, Med.
	Z (State or country) Maryland	*State the Discase Causing Peath or, In deaths from Violeot Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
2	TI 12 MAIDEN NAME OF MOTHER A COMMOTHER	18 LENGTH OF RESIDENCE (For 1 ospitals, Institutions, Trans-
2	13 DIRTHPLACE	ients or Recent Residents)
	OF MOTHER (State or country)	At place about In the of death yis mos, ds. Slate yis mos ds.
-	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease emetracted, if not at place of death?
1		Former or usual residence.
D	(Informant) Dr. L. H. Wilson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
2	(Address) 126 Umor St	Destroyed, Jan 27, 1,32
0	15 A 25 39 D. HII.	20 UNDERTAKER LADDRESS
	Filed and I 190 L Howey I Vills	2. The Samuel Viscon her Or and
	If more branks are needed, address State Registrar,	, 16 W. Saratoga St., Malto., Requesting V. S. A. 1.
- 10		1/ LA CA N

(Approved by U. S. Census and American Public Health Association.)

en at home, the first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., Never return "Laborer." "Forcman," "Manager," "Dealworked on may form part of the second statement. Physician, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. whatever, write None. Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, without more precise specification as Day Compositor, who are engaged in the duties of the Laborer-Coal mine, etc. Wom-Architect, Locomoline engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Lever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); sind meningitis"; Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lokur pneumonia, Bronchopneumonia ("Pneumonia");

"Uruemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, ctc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on cough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. valentar heart disease; Nomenclature of the The Sarcoma,, etc., of contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate to permanently filed.

REAU

STATE OF MARYLAND—CERTIFICATE OF DEATH

66630

2.	FULL NAI	MEBLANCHE	PRICE-	of abode)	St., Ward. Kitzmeller MQ. If propresident give city or town and State
	PERSON	AL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) FEMALE WHITE MARRIED 5a. If married, widowed, or divorced HUSBANO of				(write the word)	21. DATE OF DEATH JAN . 28 , 1932 (Month) (Oay) (Yeer
(or) WIFE of WILLIAM C. PRICE				384	22. I HEREBY CERTIFY, That Lattended deceased in the saw half alive on 25 1932 death is
7. AGE Yeers Months Oays If LESS than				If LESS than 1 day,hrs.	to have occurred on the date steted above, at . 6.; 30 m. A. M. The PRINCIPAL CAUSE OF DEATH end related causes of importance were established.
OCCUPATION	9. Industry or work was SAW MIL 10. Date decease this occu	ssion, or particular york done, as SPINNER, BOOKKEEPER, etc	spai	IFE me (yeers) nt in this upetion	Chronic Myocarlic
12.	BIRTHPLACE (cit	y or town)	VIRGIN	IA	Other Contributory Causes of importance:
ER	13. NAME M	ARTIN O'DON	NELL		
FATHER	14. BIRTHPLACE (city or town) IRELAND				Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
ER	15. MAIDEN NA	ME HANNA	H WARNI	CK	23, If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) 17. INFORMANT - MEMORIAL HOSPITAL (Address) 18. BURIAL, CREMATION, OR REMOVER LAND, MD Place Land Garden, W. Date Jan. 30, 1932					Accident, suicide, or homlcide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	371
1	L PLACE OF DEAT				HIN CORPORATE LIMITS 23-20 Registration Dist. No.	
. 1	County	llegany	land. Ma	Y	The state of the s	
	Village or City	outper.	ACALUL .	()f	No. 40% South St St., 6- death occurred in a horpital or institution, give its NAME instead of street and ni	
	Length of residence in cl	ty or town where d	leath occurred		ds. How long in U.S. if of foreign birth?yrsmos	
1	2. FULL NAME	Will	iam	Keed		
	(a) Residence: No	1075	Lout	R 87	St., 6-2 Ward.	
-	PERSONAL AN	DETATION	(Usual place		If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	State
3.		R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH Jan. 21.1932	
		hite		(write the word)	(Month) (Day)	193
5a.	If married, widowed, or divo		1		, , , , , , , , , , , , , , , , , , , ,	(Year)
	HUSBANO of Cor) WIFE of . Emm	a. Reed			22. I HEREBY CERTIFY, That I attended d	eceased from
	DATE OF BIDTH /month do		Feb. 23.	1861	Hast saw h. Les alive on Lucy 21 1937	death is said
-	DATE OF BIRTH (month, day AGE Yeers	Months	Days	If LESS than	to have occurred on the date stated above, at 2.25 m.	death is said
	70	10	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	0
z	8. Trade, profession, or pa	articular	B. & O.	Ry.	arterio Relevosio	Oata of onsat
150	SAWYER, BOOKKEE	PER, etc			Chronic emphysima	1950
OCCUPATION	work was done, as S SAW MILL, BANK,	SILK MILL, etc	Retired		Chrome My rendets	(129
000	Date deceased last wor	rked at	11. Total ti	me (years)		
_	yaar)		occu	pation	Other Contributory Causes of importance:	0
12	BIRTHPLACE (city or town) (State or country)	Gu	ernany		acute Curdia	(533
2	13. NAME	Dont I	Know		- aururos	2/32
FATHER	14. BIRTHPLACE (city or to	Dont.	Know		Name of operation Dete of	
FA	(State or country)	own)			What test confirmed diagnosis? Was there an ex	utopsy?
ER	15. MAIDEN NAME	Dont	know		23. If death was due to external causes (VIOLENCE) fill In elso the following:	
MOTHER	16. BIRTHPLACE (city or to	own)	Dont Kr	OW	Accident, suicide, or homicide? Date of injury	, 19
Z	(State or country)		- "		Where did injury occur? (Specify city or town, county and State)
	(Addrass)	umberlar	Reed. nd. Md		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE.
18	BURIAL, CREMATION, OR Place	REMOVAL WVa	Data Jan	1.23.32.	Manner of Injury	
19	. UNDERTAKER	ohn.C.Wo			24. Was disease or injury in any way related to occupation of deceased?	hi
	(Address)	Cumbe	erland.	Ma	If so, specify WESS MILLER	
20	FILEDJAN-23,	19.0	anney,	HUSUS Registrar.	(Signed) (Address) (Bas 27 Ave.	M. D.
		2.0		11 0 0 1	Maria Daniela de la Campia de l	2 1/2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1Cumberland, Md.

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Chronie interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	EB . 1992	July 5, 1927	Perilonitis	3 days ago	
	BUREAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			,		

			7 4
		12	7

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

		JF MARYLAND—	CERTIFICATE OF DEATH 66672
	OF DEATH		Registration Dist. No.
County	ALLEGANY		Registration Dist. No.
Village o	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		No. MEMORIALHOSPITAL ST. 6—1 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of	residence in city or town whera	death occurredyrsmo	s ds. How long in U. S. if of foreign birth?yrsmosds
2. FULL N	IAME SULL	born Ke	od. C
	dence: No.	(Usual place of abode)	St., Ward. If nonresigent give city or town and State
		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, win HUSBAND of (or) WIFE of			22. I HEREBY CERT1FY, That I attended deceased from
(01) 111/2 0	•		, 19, to, 19,
6. DATE OF BIRT	TH (month, day, and year)	Jan. 22-1932	I last saw h; death is said
7. AGE	Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
	still	or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
Z Trade, pr	ofession, or particular of work dona, as SPINNER,		
SAW	YER, BOOKKEEPER, etc or business in which		John Read,
Work SAW	was done, as SILK MILL, MILL, BANK, etc		
16. Date dec	ceased last workad at occupation (month and	11. Total time (years) spent in this occupation	
12. BIRTHPLACE		berland, Ind	Other Contributory Causes of importance:
13. NAME	CLARENCE R	RED	
1.	ACE (city or town)	WEST VIRGINIA	Name of operation
15. MAIDEN	NAME EMMA MOR	ELAND	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN 16. BIRTHPL	ACE (city or town)W	EST VIRGINIA	Accident, suicide, or homicide? Date of injury 19
∑ (State	e or country)	TROTA-FIJGT-H-T-W	Whera did injury occur?
17. INFORMANT _ (Address)		OSPITAL md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	MATION, DA REMOMAL HO	Pote an 22 193	Manner of Injury
19. UNDERTAKER (Address)		land, into	Neture of injury 24. Wes disease or injury in any way related to occupation of deceased? If so, specily
20. FILED	-22,1032 H	awen H. Weis Registrar.	(Signed) A. W. Elfasor M. I (Address 2) 3 Jasab Transfer and Md.
	If more	e blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

10	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

te :	÷ . 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH (1917)
infor- state	OCCUPA	1. PLACE OF DEATH	nutside of @-a
of	20	County Allegany	Registration Dist. No.
item of should	o jo	Village or Chrowling Grand Themselver	deal occurred in Shorpital or institution, give its NAME instead of street and number)
> 00	nt	Length of residence in city or lown where death occurredyrsmos.	ds. How long in U.S. If of foreign birth? yrs. mos. ds.
D. Ever SICIAN	eme	2. FULL NAME Searge A. Rey	wolds
CORD.	statement	(a) Residence: No. Balting (Usual place of abode)	Ward. Baltimore, Md, If nonresident give city or town and State
ECC P.	ract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TT.	É	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 29 - , 193 - (Year)
NG FE	ssified	5a. If married, widowed, or divorced HUSBAND of	
DIO	issi	Con Wife of Jola &	22. I HEREBY CERTIFY, That I attended deceased from
BIND] FEMA	cla	6. DATE OF BIRTH (month, day, and year) Dec 16-1868	I last saw h alive on19
H H	cate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
OR S A	properly certificate	63 1 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
F IS	pr	8 Trade profession or perticular and A O	Date ol onset
GE HIS	be	kind of work done, as SPINNER. The SAWYER, BOOKKEEPER, etc. The Sawyer, BOOKKEEPER, etc.	a probable pulyman
VEI	may	9. Industry or business in which work was done, as SILK MILL	Enfortion Jan 29.
ER.		Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc	
RESER G INK-GE shou	nt it	this occupation (month and year)	Diesen Bus annute to
R. AG.	that ons	0	Other Contributory Capses of Importance: of frame Kay see tolla.
ZI G .	se ucti	12. BIRTHPLACE (city or town) (Stete or country)	
ARGIN UNFADI	erms, se tha instructions		
MAR UNI suppl		H	No. of constitution of the
	plain t	14. BIRTHPLACE (city of town)	What test confirmed diagnostic
Y, When	pla t.	II 15. MAIDEN MAMERINA L Cady ballo alas	23. If death was due to external causes (VIOLENCE) fill in also the following:
, v	EATH in p important.	15. MAIDEN NAME (action of the state of the	Accident, suicide, or homicide? Date of injury, 19
LY	TH	[State or country]	Where did injury occur?
AINLY d be co		War Jole E. Rend Jole	(Specify city or town, county and State) Specify whether injuty occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA	OF D	(Address) Baltim and mo	
Shoots		18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
ノEs	SE	Place & Reltimore Ted Date Jan 29, 1932	Neture of injury
WRITE	CAUS	19. UNDERTAKER Town Standard	24. Was disease or injury In any way related to occupation of deceased?
To. 1	DE	(Address) C la la d mal	If so, specify
S. S.		20. FILED Jan. 29 1932. Haven Hillers	(Signed) Harvey Hillers, Rocal Registre
>		Registrar.	(Address) Amberland my
0		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	- 0.00	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.	7			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

may that supplied plain carefully in DEATH should OF WRITE mation

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEAT CORPORATE Registration Dist. No. Village or City jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city for town. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. (a) Residence: No If nonresident give city or town and State (Usual place of abode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word) 193 2 (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREB CERTIFY. That I attended deceased from (or) WIFE of 1932 6. DATE OF BIRTH (month, day, and year) occurred on the date stated above, at Sil O 7. AGE Months If LESS than Oavs 1 day, ____ hrs. The PRINCIPAL CAUSE OF OEATH and related causes of importance or min. Data of onset 8. Trade, profession, or parlicular OCCUPATION kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc. back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... on. 10. Date deceased last worked at 11. fotal time (years) this occupation (month and spent in this occupation year) _____ instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14, BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?... ____ Was there an autopsy?__V\ OTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Oate of injury____ 16. BIRTHPLACE (city or town). (State or country Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE _Oate LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER If so, specify (Signed) 20. FILED 36 Registrar. (Address) If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No.

S. S

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
. SUBJACT V. S			•
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

		OF MAR	YLAND-	CERTIFICATE OF DEATH	10
1. PLACE OF DEAT			0 1 1 1 2	93-2	
oount)	llegan	~	Outside	Registration Dist. No.	
Village or City	umberl	and. Md	- Charling	ts No. Route 2	Ward
Length of residence in cit	y or town where	death occurred	INTA FILM	death occurred in a horpital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Ru					
(a) Residence: No.	ldtown	77		St. Ward.	
(a) Residence. No		(Usual place	of abode)	If nonresident give city or town and Sta	ile
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	n or RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED. D (write tha word)	21. DATE OF DEATH Jan. 31.1932 (Month) (Day)	93 (Year)
5a. If married, widowed, or divor HUSBAND of (or) WIFE of	e Robin	nette		22. I HEREBY CERTIFY, That lattended dec	
	Ma	v 1 1857	3	, 19, 10	eeth Is said
6. DATE OF BIRTH (month, day 7. AGE Years	, and year) Months	Days	If LESS than	to have occurred on the data stated above, at 2.55 cm. m	eeth is said
78	8	24,5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	ate of onset
8. Trade, profession, or pa kind of work done, a SAWYER, BOOKKEE	rticular as SPINNER.			p.t-	77.27
SAWYER, BOOKKEER		tl.ome		Chrome Myocardilis 1	727
kind of work done, as SAWYER, BOOKKEEI J. Industry or business in work was done, as SAW MILL, BANK, et al. 10. Date deceased last work	ILK MILL.				
O. Date deceased last world this occupation (mon year)	ked et th and	spar	ime (years) nt in this upation		
12. BIRTHPLACE (city or town)		Má	1	Other Contributor Capes of Importance:	1929
(State or country)	***				
H 13. NAME Dont.	now				
13. NAME DON'T. 14. BIRTHPLACE (city or town (State or country)	wn)Dal	nt Knov		Name of operation Date of What test confirmed diagnosis?	nev? Que
15. MAIDEN NAME	Do	nt inow		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or tow (State or country)	√n)	Ţ	Dont know		., 19
17. INFORMANT Mrs F (Address) Old t	rank. 1	Davis.		(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	•
18. BURIAL, CREMATION, OR RI		Md Feb	2.1932	Manner of injury	
401 OHDENTINGEN	C.Wolf			24. Was disease or injury In eny way related to occupation of deceased?	0
20. FILED 726 2 , 1	,32,7H	arvey	H. Weiss Registrar.	(Signed) WR Hodget (Address) Cumballand	ich o
	If more	blanks are needed		2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.	

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Chronic interstitial nephritis + +	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HURRAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH WITHIN CORPORATE LIMITS STATE OF MARYLAND CERTIFICATE OF DEATH County allegane Registration Dist. No. rated EXACTL roperly classificate. (If death occurred in Ward) Village or City a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. may be WIDOWED. OR DIVORCED Write the word) (Month) BINDI HEREBY, CERTIFY, That I stended the deceased from 6 DATE OF BIRTH (Year) (Month) (Day) that I last saw IIILESS than 7 AGE and that death occurred on the date The CAUSE OF DEATH * was as follows: ESERVED & OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in 2 which employed or (employer) UNFADIN Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) DO OF 10 NAME OF 3 L O 11 BIRTHPLACE छ छ S OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. LZ S LO CAU (State or country) W O'. 13 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER state (ccuzA ients or Recent Residents) Œ. 13 BIRTHPLACE At place In the OF MOTHER State. of death .. (State or Country) 0 Where was disease contracted, ರ of it not at place of dea h? shoul of 14 THE ABOVE IS TRUE Every Item CIANS sho statement Former or usual residence DATE OF BURIAL (Address) 20 UNDERTAKER ADDRESS Registrar If more banks are needed, addre. s tate liegistrar, 16 W/ Saratoga St./ Balto., Lequesting V. S. Ivo. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealtired 6 yrs). household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, For many occupations a especially in industrial employments, it is neces-(b) Automobile factory. The material For persons who have no occupation single word or term on Grocery;

s; inal meningitis"); Dinhtheria (avoid use of "Croup") fever (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia

> (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on telanus) may be stated under the head of "contributory." "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by diseascs resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, ""Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the tata is essential and must be obtained before the certificate is permanently filed.

1932

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00078
1. PLACE OF DEATH	(8) TELIMITS
County Allegames :	THIN CORPORATE LIMITS Registration Dist. No. 4
Village or City Couled W	NoSt., Ward
(li	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Golda May 00	ise,
(a) Residence: No. 422 Frankling	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OK DIVORCED white this word)	2. DATE OF BEATH / - 9 - 193 2
Thursday without or discount of Sungle,	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
(VI) WITE VI	Sept 1,1931 10 1-9-1982
6. DATE OF BIRTH (month, day, and year) July 1, 1888	I last saw h Lev alive on 1937, death is said
7. AGE Years Months ays tf LESS than	to have occurred on the date stated above, at 6123 m
43 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done as SPINNER	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	13
Industry or business in which work was done, as SILK MILL, BANK, etc.	1 Sulla Varalipe
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spant in this 20	
12 BIRTURI ACT (silver town) & al. D. +	Other Contributory Causes of importance:
(State or country)	
W 13. NAME Person Rose	9,8
14, BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jeanetto W. Pongoll	23. If death was due to external causes (VtOLENCE) filt in also the fottowing:
15. MAIDEN NAME Jeanette W. Censelly 16. BIRTHPLACE (city or town). 8 clahart	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town). (State or country)	Where did Injury occur?
- Paris Rasa A	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Jews Starblus St.	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place & Chhart, and Date Jan 12, 1931	Nature of injury
19 UNDERTAKER Jacob Hales	24. Was disease or injury in any way related to occupation of deceased?
(Address) Frostling Tud	If so, specify
20. FILED Jan. 11 1932. Harvey Hereis	(Signed) And William M. D
Registrar.	(Address) Jumley land, Mr.)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FFB 5 1932	July 5,1927	Peritonitis	3 days ago
	RUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Year)

Date of onset

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Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	Della Jacob V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Arterioselerosis FEB 2 1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage EUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributors courses of important		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH should state infor 1. PLACE OF DEATH Jo County / Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred ds. How long In U.S. if of foreign birth?___ statement 2. FULL NAME SCORD. (a) Residence: Np. St. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) CTL (Month) (Yeer) classified. 5a. It married, widowed, or divorced HUSBAND of 22. IHEREBY CERTIFY. Thet I attended deceased from (or) WIFE of 9 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months properl If LESS than Devs to have occurred on the date stated above, at stated 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. JO SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. on 19. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that vear) _____ occupation instructions Other Contributory Causes of importance. 12. BIRTHPLACE (city or town) (State or country) See 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) carefully What test confirmed diagnosis? Wes there an autopsy? MOTHER im portant. 15. MAIDEN NAME in 23. If deeth was due to external causes (VIDLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. PLA 17. INFORMANT should (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury -WRITE AUSE mation LION Nature of injury 24. Was disease or injury In eny way related to occupation of 19. UNDERTAKER (Address) If so, specify (Signed) If more blanks are needed, address State Registrar, 411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

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Example I		Example II	
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Chronic interstitial nephralis FEB 10 1932	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ACORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	THIN CORPORATE LIMITS Registration Dist. No.
County Allegany	Registration Dist. No.
Village or City Canalysiand	No. Sullande. & 6-2 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Offing School	4
(a) Residence: No. maplionde	5-15- Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR WORCED write the word	1-31-1932
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That Lattended deceased from
	1-12 1937, to [-3]-, 1932
6. DATE OF BIRTH (month, day, and year) 1852	I last saw have alive on 19.3 death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 44
79 11 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
A. Hale, professing, or particular, or particular with a constraint of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end to this occupation (month end to this occupation (month end to this occupation (month end to this occupation (month end to this occupation (month end to this occupation (month end to this occupation (month end to this occupation (month end to this occupation (month end to the constraint end to the constra	Throme Myocordition
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month end spent in this	protec
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Composition of the composition o
(State or country) Nermany	Certerio Allerano
13. NAME Eucknown	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
The second secon	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Oate of injury, 19
(State or confirty)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LENGE TELLER	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Indian
Place Treement Date Feb 3, 1932	Nature of Injury
P. A.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER CALLES ALLES OF LECTOR (Address)	If so, specify
Jeal 9 22 Harris Hills	(Signed) / Was Allenses
20. FILEO Registrar.	(Address)
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	FE 5 1932	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory c	auses of importances	1-01	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

B.—WRITE

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V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	66683
ENTH /	- Co	/

1. PLACE OF DEATH	93-6
County Allegheng	Registration Dist. No.
Village or City	No. St., Ward
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?
m // ·	2/01.11
2. FULL NAME // ary fluega	y once
(a) Residence: No. 4 8 P (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	the state of the s
SEX 4. COLOR ON RACE S. SINGLE MARRIED, W	A
OR DOORCED write	
mule since sinas	(Month) (Day) (Year)
a. If married, widowed, or divorced	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Lewis H Vehill	august 1921 to Jun 1932
. DATE OF BIRTH (month, day, and year) Que &	867 I last saw hard elive on Jan 82, 1952 death is sai
AGE Years Months Days If L	ESS than to have occurred on the date stated ebove, etm
/ // / / / l day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	myocardiles, Chronic.
9. Industry or business in which	1
work was done, as SILK MILL SAW MILL, BANK, etc.	μ.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (year)	
Chal-na	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	congestion of loth heargo and
13. NAME PORPOR ATCHING	on
14. BIRTAPLACE (city or town)	Name of operation. Date of Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Suria Africa Africa (State of Country)	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State (r country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT & MUS V Chel	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	••••••
8. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place / Water our 1 Y	Nature of injury
9. UNDERTAKER TO TURE	24. Wes disease or injury in any wey related to occupation of deceased? The
(Address) Keyan Wy8	If so, specify
O. FILED Janer V 193/ Agreents	(Signed) M. I
	Registrar. (Address) Kaller Wa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

DR. HAWKINS

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BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITHIN CORPORATE LIMITS PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its MAME is-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. eq WIDOWED may be OR DIVORCED BINDIN Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that (Day) (Year) (Month) IIf LESS than and that death occurred on the date stated above, 7 AGE The CAUSE OF DEATH * Gas as follows: yrs. ____mos. termi supplication terms 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in _ which employed or (employer) Contributory I MARGIN 9 BIRTHPLACE Secondary (State or country) OO 10 NAME OF Shot E CF *State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER HZ CAUSE (State or country) 12 MAIDEN NAME 00 13 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 4 ients or Recent Residents) 01 a. 3 13 BIRTHPLACE In the At place O OF MOTHER CWD of deathyrs.......mos.......ds. State.....yrs....mos... (State or Country) Where was disease contracted, 0 ਰ if not at place of dea h?.... Shoul usual res.dence DATE OF BURIAL Every it CIANS stateme If more b.anks are needed, addre.s : tate Negistrar, 16 W. Baratoga St., Balto., Lequesting V. S. Led 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g.. Farmer or Planter tion applies to each and every person, irrespective ci gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery.

Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	HIN CORPORATE LIMITS (131) Registration Dist. No.
County allegans	41N CORPURA (131) Registration Dist. No.
Village or City win bertana	No. Miles mus took telest. The Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mrs Esther A.	Smith
	Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Kenale It have Wishowed	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Self 17-1853	Nest saw har alive on Jam 194 , 19 3 2; death Is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et
78 3 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Cerebral Hemarrhage 1.83
9: Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9: Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spent in this	Chronic raplaitis, Cus R.
year) oecupetion	Other Cootributory Causes of importance:
12. BIRTHPLACE (city or town) Mary land	Hyfertensin Thefhilis ?
(State or country)	- 7/
13. NAME Cruoto Some II	
14. BIRTHPLACE (city or town) Much work	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Luckerson	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or towe, county and State)
(Address) 7 So Vaverly know	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I Dre Thill Conclorer June 18, 1932	
19. UNOERTAKER Louis Staff Level (Address)	24. Was disease or injury in any way related to occupation of deceased?
On 18 12 Harrey Hills	(Signed) P. C. Burner M. D.
20, FILED TO 19. 22 Registrar.	12 (Address) Combaland Jud,
If more blanks are needed, address State Registrar,	. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 66687
1. PLACE OF DEATH	HIN CORPORATE LIMITS Registration Dist. No.
County Allegany	Registration Dist. No.
Village or City Company of the Compa	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a nospital of institution, give its IVALVIE, instead of street and number) ds. How long in U.S. if of foreign birth?rsmosds.
2. FULL NAME Frangaret B. &	mitle
(a) Residence: No. 321 Water St.	Mard.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the wild)	21. DATE OF DEATH
5a. If married, widowed, or divorced	
(or) WIFE of flower Smith	22. I HEREWY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Select 15-1869	Hast saw has alive on famely 1932 death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:300 m.
62 4 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cascinoma Merus
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
To Date deceased last worked at this occupation (month and year)	
ma la l	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Issiae Bradburn	
13. NAME Bradburg 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME and the muin	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Quella Muir 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) 321 Water St.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Piper level Company Date 20, 19 1	Nature of injury
19. UNDERTAKER OFFICE Standard	24. Was disease or injury in any way related to occupation of deceased?
Dan 22 Harre MASON	(Signed) Lla Taurua M.D.
20. FILED Registrar.	(Address) Clins Man
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example I		Example II OVETICE	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: 7861 9 834	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Oth contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 araan
- NOVICO	Huy1,1020	Chasa denter tota	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. classifie (If death occurred in Village or City St.: Ward) a hospital or institution, give its NAME instead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. RUM WIDOWED. OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Day) (Yesr) If LESS than 7 AGE 1 day hrs. The CAUSE OF DEATH or 10 min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidai or Homicidal. OF FATHER ARENT CAU (State or country) DIL 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 0 ients or Recent Residents) 13 BIRTHPLACE In the At place of death _____yrs.____mos.____ds. OF MOTHER (State or Country) Where was disease contracted, if not at place of death?... statement usual residence. (Informant) DATE OF BURIAL ADDRESS 20 UNDERTAK Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Deglaborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Former (regaged in domestic service for wages, as Scruont, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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"('Uraemia,'' "Weakness,'' etc., when a definite disease tclonus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved occident; Revolver wound of head-homicidc; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart diseose; etc. The contributory

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STATE OF MARYLAND—CERTIFICATE OF DEATH WITHIN CORPORATE LIM infor OCCUPA 1. PLACE OF DEATH Jo should County. Registration Dist. No. item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? _____yrs._____mos.____ds. Length of residence in city or town where death occurred statement 2. FULL NAME CORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF-DEATH OR DAYORCED (write the word) (Month) (Day) (Year) PERMANEN classified. 5a. If married, widowed, or divorced I HEREBY 22. CERTLEY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly Years 7. AGE Months Days If LESS than to have occurred on the data stated above, at ... 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION -THIS kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... be of. may back 9. Industry or business in which should work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation _ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIDEN NAME in 23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide? Data of injury ______ 19. DEATH 16. BIRTHPLACE (city or town) PLAINLY (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. plnods 17. INFORMANT (Address) 0 OF 18. BURIAL, CREMATION OR BEMOVA Manner of injury WRITE CAUSE mation NOIL Nature of Injury 24. Was diseasa or injury In any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AN

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhige BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation is Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; American Medical Association.) "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease ," "Coma," "Convulsions, etc. The contributory

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5 193

PHYSICIANS should state CORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. I UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY, W

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66693
1. PLACE OF DEATH	93-2)
County (llegany	Registration Dist. No.
Village or City Plastburg	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1. 1. B. H	
2. FULL NAME Darah Sone Slew	are
(a) Residence: No. / 9 / Ork Wenul (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH/month, day, and year) DOU. 2 1854	Alast saw her alive on 1931, to 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:00 Pm.
77 2 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	Chipme myscarditos Date of onset
9. Industry or business in which	Ayperlensity.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
70. Date deceased lest worked at this occupation (month end year)	
mail:	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / / / / / / / (State or country)	
13. NAME John Bone	
14. BIRTHPLACE (Sity or town) England	Name of operation Date of
(State or country)	What test confirmed diagnosis? Clin funding Was there an autopsy?
15. MAIDEN NAME Julia Miller 16. BIRTHPLACE (city of town) Virginia	23. If death was due to external causes (VIOL ENCE) fill levelso the following:
5 16. BIRTHPLACE (city of town) Urginia	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MAS. Watter Myers) (Address) Trostburg	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place allegary Cemelety bate Jase 22, 1932	Nature of Injury
19. UNDERTAKER) () Wirst	24. Was disease or injury in any way related to occupation of deceased?
(Address) A Frogthurg	If so, specify
20. FILED /200, 1932 VENUM Land Registrar.	(Signed) M. D. (Address) Kranthing M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person—who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Finds as out of particular kind of work done and return that, as spinner, weaver, etc.

EDEEAU V.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Ustones	May 1,1923	Gastroenteritis	1 year
<u> </u>			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66094
1. PLACE OF DEATH	<u> </u>
County / See al Ma	Registration Dist., No.
Village or City Fynal Jung Mars	No. Miners datetalst., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and oumber)
Langth of residence in city or town where death occurred Try	ds. now long in 5.5.11 of loteigh bilth? 9
2. FULL NAME Thompson	Norw.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write tha word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DA 1000	l last saw h alive or 19 death is said
6. DATE OF BIRTH (month, day, and year) 2 1932. 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and spent in this	0//
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Canses of Importance:
12. BIRTHPLAGE (city or town) (State sercountry)	
The state of the s	
14. BIRTHPLACE (city or town) 1000 1000 1000 1000 1000 1000 1000 10	
4. BIRTHPLACE (city or town)	Nama of operation Date of Date
	What test confirmed diagnosis?
E Las Leave	Accident, suicide, or homicida?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
The houndahlack the radams	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place	Nature of injury
19. UNDERTAKER	24. Was disease or Injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED / 6 1935 DVM. Om hame	(Signed) M. [
Registrar.	(Address) FINAL MY DIJ
If more blanks are needed, address State Registrar	2427 N. Charles Street Belimore Perusting 71 S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in Village or City Ward) a hospital or institu-tion, give its NAME II.stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED, OR DIVORCED may (Month) (Day) (Year) I HEREBY CERTIFY, Thatel attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) IlfLESS than 7 AGE and that death occurred on the date stated above, at 1 day/2 hrs. The CAUSE OF DEATH * was as follows: de. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of deathds. (State or Country) Where was disease contracted, if not at place of death?... usuai residence. (Informant) OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ADDRESS Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "(Taemia, " "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state Exact statement of OCCUPA-CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WI

V. S. No. 1

	and. Ma WITH	NO. 237. Bond	Registrati	ion Dist. No.	3 111
Z. FULL NAME	death occurredyrsmc	If death occurred in a hospital or institut	ion, give its NA	AME instead of street	and number)
(a) Residence: No. Cumberl	and . Md (Usual place of abode)	St., 3Ward.	If nonresid	dent give city or town	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CE	ERTIFICA	TE OF DEAT	Н
3. SEX 4. COLOR OR RACE Thite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Jan.	3.1932	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY	(Month)	(Day)	(Year) ided deceased from
	eb. 5. 19 20	I last sew h elive on		19	; death is sai
7. AGE Years Months	Days If LESS than 1 dey,hrs		H and related	causes of importance	Date ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	chool girl	were as follows dente			Jun 3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this		<u> </u>		77.0 0
year)	occupation	Other Contributory Causes of impo	rtance:		Jan.
(State or country) 13. NAME Frank. A. Val	entine		Top		193
14. BIRTHPLACE (city or town)(State or country)	îld	Name of operation			
15. MAIDEN NAME Ina. Bi	ggs Md	23. If death was due to external cau Accident, suicide, or homicide?	ses (VIOL ENC	E) fill in also the follo	owing:
17. INFORMANT Frank. Va	lentine	Where did injury occur? Specify whether injury occurred in	(Specify cit	ty or town, county and	l State)
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Green: Mount	Jan. 6. 1932	Manner of injury			
19. UNDERTAKER John . C . (Address) Cumberl	Wolford and. Md	24. Was disease or injury in any walls in the second secon	ay related to or	ccupation of deceased	7
20. FILED Jan. 5, 19 32.	Harvey H. Weis Registrar.	(Signed) (Address)	est of	per ku	М.

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilcpsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	FFB 5 1932	July 5, 1927	Peritonitis	3 days ago
	BUREATI V. S.			
Other contributory ca			Other contributory causes of importance: .	
Gallstones		May 1,1923	Gastroenteritis	1 year

If so, specify
(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) _____

Registrar.

S. No.

(Address)

20. FILED

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		95-2	00000
County allgan	So	Regist	tration Dist. No.
Village or City Le	know md.	No	St.,Ward
Length of residence in city or town wher	/1 7	f death occurred in a hospital or institution, give it s3ds. How long in U.S. if of foreign bi	s NAME instead of street and number) irth?ds.
1	l. / t m	1-1-	, in the second
2. FULL NAME.	gho of over 11		
(a) Residence: No.	(Usual place of abode)	St., Ward.	resident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFI	CATE OF DEATH
3. SEX 4. COLOR OR RACE	5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	24725 2
male White	San Ce	(Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CER	TIFY. That I attended deceased from
(or) WIFE of			to19
6. DATE OF BIRTH (month, day, and year)	2,19VV 1877	I last saw h alive on	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 5 4 8. Trade profession or particular	Days If LESS than	to have occurred on the date stated above, at	m.
54 5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rela	,
8. Trade, profession, or particular	c 1	Sport Tracase	due lo Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labor	acute indigition	- Mas famil
9. Industry or business in which work was done, as SILK MILL,	chew-Will	dead on the 275.	- Had brig
SAW MILL, BANK, etc	11. Total time (years)	dead for more than	1 2 days. ~
this occupation (month and year)	29 spant in this occupation	=	
12. BIRTHPLACE (city or town)	i hade	Other Contributory Causes of Importance:	
(State or country)	my Cond		
I 13. NAME Danel	In ation		
14. BIRTHPLACE (city or town)	prshire	Name of operation	Date of
(Otate of country)	tland	What test confirmed diagnosis?	Was there an autopsy
15. MAIDEN NAME Many M	1ª clivraeth	23. If death was due to external causes (VIOL	
0 16. BIRTHPLACE (city or town)	light	Accident, suicide, or homicide?	Date of injury, 19
(State or country)	Love	Where did injury occur?(Specif	y city or town, county and Stale)
17. INFORMANT JOSEPH LOS	mant	Specify whether injury occurred in INDUSTR	Y, in HOME, or in PUBLIC PLACE.
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	rland, Md	Manner of injury	
Place To allition	(Date g on 29, 1932	Nature of injury	
12012		24. Was disease or injury in any way related	
19. UNDERTAKER S. (Address)	Med	If an enecify	
20. FILED Jan 28 1937	1 G. Bricke	(Signed) 2.00	m & flor M. I
1 20. FILED STATES	Registrar.	(Address)	relouing hel.
If me	ore blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U	. S. No. z.

STATE OF MARYLAND—CERTIFICATE OF DEATH

66638

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BOREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

be stated EXACTLY, P. be properly classified. T RECORD BINDING PERMAN should it may that CE V S (0) supplied UNFADING INK--THIS MARGIN RESERVED terms carefully in plai ation should CAUSE OF D CIANS should state CAUSI of information Every item of CIANS should WRITE

FOR

	PLACE OF DEATH County Allegany	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2
	Village or City Fileritstone (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White SANGLE MARRIED. Male White GREWORD GREWORD (Write-the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) / (Day) / 53 Wear) 17 HEREBY CERTIFY, That I attended the deceased from Jan. (a 1962 to fam) // 1932 that I las saw have alive on famo // 1932,
	yrs. mos. 4 ds. or min.? B OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, at 40° Pm. The CAUSE OF DEATH * was as follows:
1	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 yrs mos de. Contributory Secondary
	(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 22 MAIDEN NAME OF MOTHER	(Signed)
	13 BIRTHPLACE OF MOTHER (State or Country). 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Joseph H. Meddle (Address) Fluxtstone Md	At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not st place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL H. O. Robenette's San 13., 1932.
	15 Filed law 11 1932 () Legerwitt	20 UNDERTAKER CADDRESS

Registrar

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1 ż

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a ," etc., without more precise specification as Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Solesman. For persons who have no occupation (b) Automobile factory. The material Stationary freman, etc. But in many Locomotive engineer, (b) Grocery, Day

spinal meningitis"); Diphtheria (avoid use of "Croup ed ter a for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(tle only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia, fever (never report "Typhoid Pneumonia")

> stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "(Debility" ("Congenital," "Senile," etc.), "Dropsy," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brouchopneumonia (secondary) (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencorbolic acid-probably smeide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association. approved by Committee or Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse." "Coma," "Convulsions, " "Heart failure," "Haemorrhage, Chronic valendar etc. The Nomenclature heart disease; contributory

answered in detailest with bevent further corn data is e separation and must be obtained est permanents filed looked over thur correspondence. before the certificate is

If this certificate

roughly and all questions

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Allegan Registration Dist. No County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred statement PHYSICIAN 2. FULL NAME CORD. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word) BINDING 5a. If married, widowed, or divorced HUSBANO of CERTIFY. That I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months If LESS than to have occurred on the date stated ebove, at 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at 11. Total time (vest this occupation (month and spant in the that year) occupation instructions MARGIN 12. BIRTHPLACE (city or town)_ (State on country) terms, FATHER 13. NAME 14. BIRTHPUACE (city or town) Name of operation in plain (State or country) What test confirmed diagnosis?. ----- Was there an autopsy?. carefully MOTHER 15. MAIOEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. plnoy OF. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE -- Oate. mation Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased?_ 19. UNOERTAKER (Address) If so, specify (Address) __ Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AN

of the same

infor- state UPA-		CERTIFICATE OF DEATH
item of should of OCC	County ALLEGANY COUNTY, Village or City CUMBERLAND, MD. (If Length of residence in city or town where death occurred yrs mos	NO. MEMORIAL HOSPITAL SE, 6 1 Ward death occurred in a hospital or institution, give its NAME instead of street and number) 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds
CORD, Every PHYSICIANS oct statement	2. FULL NAME MRS . EVA WHITAKER, (a) Residence: No. ARMOND ST . FROSTBURG (Usual place of abode)	7
E PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT CCC	FEMALE 4. COLOR OR RACE OR DIVORCED (write the word) MARRIED	21. DATE OF DEATH January 13, 193 2 (Month) (Oay) (Year)
BINDING PERMANEN' EXACTL y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CLARENCE WHITAKER,	22. I HEREBY CERTIFY, That I attended deceased from
BIN EX EX y cl	6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Oays If LESS than 1 day,hrs.	I last saw h alive on
. 70	8 Trade profession or particular	were as follows: Oh rough lower to be and the and the area causes of importance of the of onset of the area of th
RESERVED G INK—THIS GE should be that it may be	Kind of work done, as SPINNER, HOUSEW IFE SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	lop pour my ocastilio
RESE NG INI AGE SI that it	year) occupation	Other Contributory Causes of importance:
MARGIN RE SUDFADING SUPPLIED. AGI	12. BIRTHPLACE (city or town) MARYLAND	
MA H U sur in to	14. BIRTHPLACE (city or town) MARYLAND	Name of operation Oate of Was there an autopsy?
Wirth Wirth In plain pla	15. MAIDEN NAME SOPHIA ANDERSON,	23. If death was due to external causes (VIOLENCE) fill In also the following:
	16. BIRTHPLACE (city or town) MARYLAND (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
ABUV	17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND MD.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
re r sh E o is v	18. BURIAL, CREMATION, OR REMOVAL Mol. Date 1-16 ,1932	Manner of injury
WRIT mation CAUSI	MUNDERTAKER Hofers (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased?
B B B	20. FILEO Jan. 15, 1932. Harvey Fluseis, Registrar.	(Signed) (Address) (Address)
-D)	WILLIAMS If more blanks are needed, address State Registrar,	A A CALL TO THE RESIDENCE OF THE PARTY OF TH

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis FEB 5 1932	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County alseanny	Registration Dist. No.
Village or City A pharmhia	No. St Ward
Length of residence in dity or tawn where death occurred yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Office	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR BACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan. 29 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Oshitefield	22. HEREBY CERTIFY, That I attended decaased from 1928, to Jun 29 19.3
DATE OF BIRTH (month, day, and year) Chil 280 1893	I last saw her alive on far 29, 1937; death is sai
AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
8. Trada, profession, or particular kind of work doma, as SPINNER, SAWYER, BOOKKEEPER, etc	Pyelitis
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spant in this occupation 12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of Importance:
13. NAME Celantes Browden	
14. BIRTHPLACE (city or town) England (State or country)	Name of operation Date of What test confirmed diagnosis? Mt Was there an autopsy? kg
15. MAIDEN NAME Louisa Noghtengalo	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) England (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Fred Bridgen (Address)	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oak Hell century Data Feb 1, 1932	Manner of injury
19. UNDERTAKER IN: Eichhom (Address) Inakning, mt.	24. Was disease or injury in any way related to occupation of deceasad?
20. FILED Jun. 30, 1932 2, One Johns	(Signad) I thing ba I today M. M. (Address) Konaumy Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
BUREAU V.S.				
Other contributory-causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

#	M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
0	PH PH ract
	Y. E. E.
NDING	RMANEN X A C T L classified.
<u>B</u>	PE d E
FOR	IS A state prope
Q	he is of c
MARGIN RESERVED FOR BINDING	G INK—TI GE should that it may
H	I. A.se uctic
MARG	r UNFA supplied in terms, see instr
	viri
70.1	.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E L CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.
V. S. No. 1	Z.

2

1. PLACE OF DEA		OF MARY	YLAND-	CERTIFICATE OF DI	EATH ((0107
County	rrregany		200	ORATE LITVITIO Registra	ation Dist. No. 4
Village or City	<u>Jumberla</u>	nd. Md A	WITHIN CO.	No. Control of the Oscillation of the No. death occurred in a hospital or instrution, give its N	VAME instead of street and number)
	city or town where lenry. W	death occurred	yrsmos.	ds. How long in U.S. of foreign birth	alds
(a) Residence: No.	Cumb	erland. (Usual place		St., 3 Ward.	sident give city or town and State
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFIC	ATE OF DEATH
3. SEX 4. CO	or or race		RIED, WIDOWED,) (write the word)	21. DATE OF DEATH (Month)	n.9th 1932, 193 (Day) (Year)
5a. If merried, widowed, or d HUSBAND of (or) WIFE of	ivorced T.	Wiegand		1 HEREBY CERT	TIFY, That I attended deceased fro
6. DATE OF BIRTH (month,	day end year)	u. 26th.	1847	I last saw h Accordive on	, 19.32; deeth is sai
7. AGE Years	Months 4	Days	If LESS than 1 day,hrs. ormin.	to heve occurred on the dete stated above, at The PRINCIPAL CAUSE OF DEATH and related were as follows:	
8. Trade, profession, or kind of work dor SAWYER, BOOK 9. Industry or business work was done, a SAW MILL, BAN 10. Date deceased last this occupation (the year)	s in which as SILK MILL, K, etc worked at month and	Retiras	me (years) nt in this pation	apterio - sc	lerosio
12. BIRTHPLACE (city or tow (State or country)	m)Geri	Meji.ji		Other Contributory Causes of importance:	
13. NAME	lenry. Ni	egand			
13. NAME 14. BIRTHPLACE (city of (State or country)		Ger	meny	Name of operetion	
15. MAIDEN NAME 16. BIRTHPLACE (city or	r town)	Cooley	rnany	23. If death was due to external ceuses (VIOLEN Accident, suicide, or homicide?	
17. INFORMANT	n lliam.W: Waterla			Where did injury occur? (Specify Specify whether injury occurred In INDUSTRY,	city or town, county and State) , In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF	llount	Date Jos	1.11.11932	Manner of injury	
19. UNDERTAKER(Address)	ohn.C.V	olford		24. Was diseese or injury in any way related to	occupation of deceased?
20. FILED an-	,1932.1	tawey &	Megistrar.	(Signed) Att (Address) Charles	Men Day
	If more	e blanks are needed.	address State Registrar.	2411 N. Charles Street, Baltimore, Requesting "U.	S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 5 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RECORD. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-	1	
S. No. 1 MARGIN RESERVED FOR BINDING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	

STATE OF MARYLANI	
1. PLACE OF DEATH	HIN CORPORATE LIMITS (210-m) Registration Dist. No.
CountyALLEGANYWIT	Registration Dist. No.
Village or City MEMORIAL HOSPITAL, CUMP	IRLAND, MD. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME AILEEN WILSON	
(a) Residence: No	St. Ward Juke ond
	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DOYORCED (write the wo	21. DATE OF DEATH JAN. 4, 1932 (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) JUNE, 6, 1905	I last saw h. eq. alive on 4 , 19 32 death is sald
AGE Years Months Days If LESS to 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, STENOGRAPHER SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occuration (month and	Jassema.
Industry or business in which work was done, as SILK MILL,	7
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spant in this occupation	
2. BIRTHPLACE (city or town) MARYLAND (State or country)	Other Contributory Causes of importance:
	Par clesso helow fouch wh
13. NAME CLEM WILSON 14. BIRTHPLACE (city or town) MARYLAND	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MAYME PEARSON	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide Render Date of injury December 19 3/
7. INFORMANT - MEMORIAL - HOSPITAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL UMBERLAND, MD.	2 Manner of Injury Quiton bile occident
Place anaconing Ma Date M. 19	Nature of injury Braken week.
9. UNDERTAKER W A Fredhoell	24. Was disease or injury In any way related to occupation of deceesed?
(Address) A Hulching	If so, specify
0. FILED AN S. 19. 2 HAVE THE Resist	(Signed) M. [(Address) M. [
	istrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. s.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
FEO 6 1932					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones .	May 1,1923	Gastrocnteritis	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Į
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V. S. No. 1

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8. Trad

9. Ladu

10. Date

13. NAM

17, INFORMANT _ (Address)

19. UNOERTAKER

(Address)

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

12. BIRTHPL (Stat

6. OATE OF 7. AGE

OCCUPATION

FATHER

MOTHER

2. FUL (a)

3. SEX

STATE OF MARYLAND— CE OF DEATH Ity Alegany ge or City Anatoming MA (If th of residence in city or town where death occurred 6 2 yrs. mos. L NAME Musik Wight Waya Residence: No. 33 (Usual place of abode)	Registration Dist. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 1. widowed, or divorced 1. widowed, or divorced 1. widowed, or divorced 1. Widowed, or divorced 1.	21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY. That I attended deceased from Leve 15, 1931, to 4, 1932; death is said to have occurred on the date stated above, at 8.15 ft.ni. The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows: Date of onset	
decessed lest worked at his occupation (month and lear). ACE (city or town). e or country) E Denfina Market Mught	Other Contributory Causes of importance:	

(Signed).

Name of operation. What test confirmed diagnosis? Was there an autopsy?_

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury____ Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injur

HOLUTT	o or mjer	J		 		
					f deceased?	
If so,	specify _		17.	 	,	

(Address) _.

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i i	Example II		
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V	July 5,1927	Peritonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

4.5
MARKET NAME OF THE OWNER, THE OWN

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should size CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCU-ATION is very Important. See instructions on back of certificate. RECORD BINDING PERMA MARGIN RESERVED FOR VITH UNFADING INK--THIS IS A WRITE PLAINLY V & No. 1

Ž

	PLACE OF DEATH	STATE OF MARYLAND
	County Allegany	CERTIFICATE OF DEATH
	P 5 1	Registration Dist. No.
	Village or Civiltle Orleans (No.	St: Ward) (If death occurred in a hospital or institu-
	201 9/11	tion, give its NAME is stead of street and
	2FULL NAME & Taram A. Jo.	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED	16 DATE OF DEATH
	M Mull - WIDOWED Ramed	, 192
3	(Write the word)	(Month) (Day) (Year)
5	6 DATE OF BIRTH	1 1 192
2	NUC, 18, 1842	The state of the s
	(Month) (Day) (Year)	that I last saw halive on, 192,
3	7 AGE If LESS than	and that death occurred on the date stated above, and the m. The CAUSE OF DEATH * was as follows:
5	89 yrs. 0 mos. 29 ds. or min.?	
	B OCCUPATION 4	
	(a) Trade, profession or	B-10
2	particular kind of work (b) General nature of industry	Let fler
	business, or establishment in	(Durstion)yrsmosds,
1 10	which employed or (employer)	Contributory
2	9 BIRTHPLACE (State or country)	Secondary
	1 percent	(Durstion) yrsmosds.
10	FATHER ROLL & Monkey	(Signed) M. D.
0	II DIRTHPI ACE	Jan. 17/ 1932 (Address) Haverek My
	of FATHER	*State the lisease Causing Death, or, in deaths from
2	Z (State or country)	*State the I-is ase Causing Peath, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Hager	18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE SO	ients or Recent Residents) At place in the
	OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
)	14 THE ABOVE IS TRUE TO THE BEST OR MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
	14 THE ABOVE IS TRUE TO THE BEST CLOSE THE	Former or
5	(Informant) WM. Howker	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
	The tolong and	IN LAGE OF BORNER OF A A A A A A A A A A A A A A A A A A
3	(Address)	Orleand Cross Roads Unday Jans 14 , 1932
Q	15 Filot fan 18 1982. 1 4 Illann	20 UNDERTAKER
	Place Jacol Registras	ogs. Joseph buguesmille la
	If more banks are needed, addre.s Ltate Negistra	r, 15 V. Suratoga St., Balto., Lequesting V. S. 1.0. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

> approved (Recommendations on statement of eause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E haustion," "Heart failure," Liaemorrhage, "Shoek," "Shoek," "Old Age," "Shoek, "Dobility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, "Atrophy." "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature of the Chronic and consequences (e. g., sepsis, Example: Measles (disease " "Coma," "Convulsions, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions an anyered in detail, it will prevent turther correspondence. All the data is essential and must be obtained before the certificate is a permanently filed.